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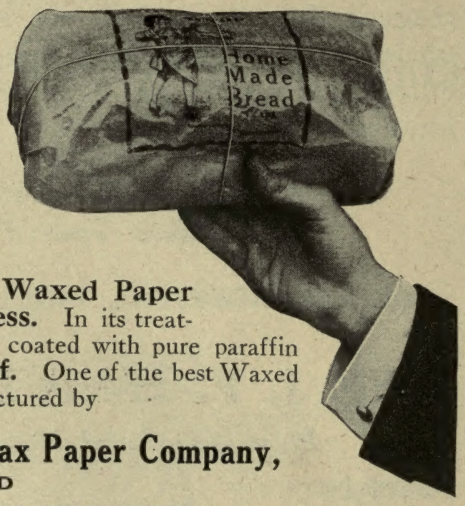
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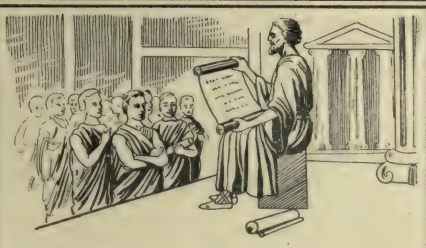
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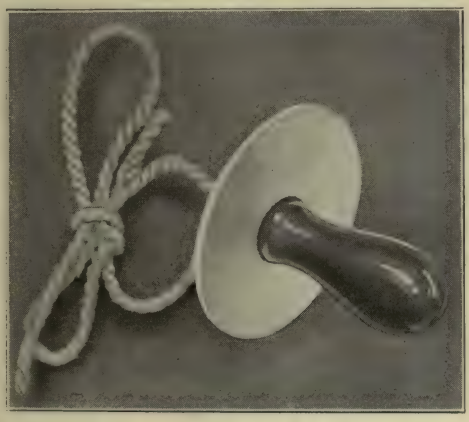
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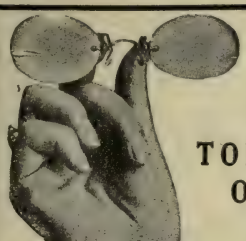
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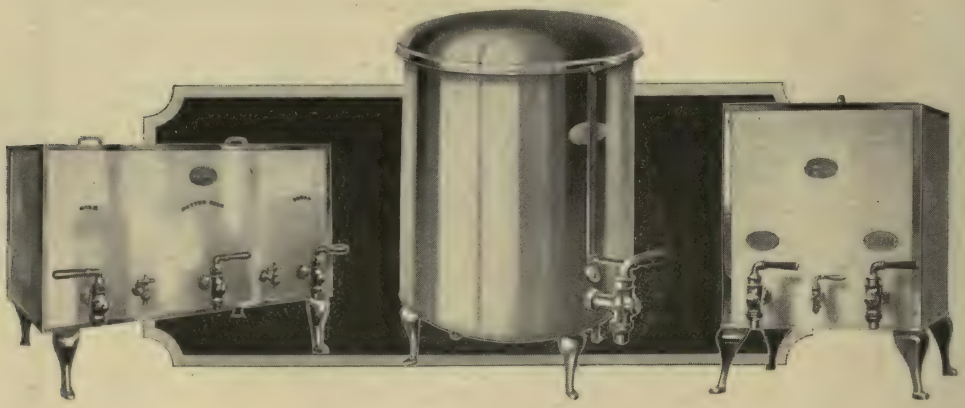
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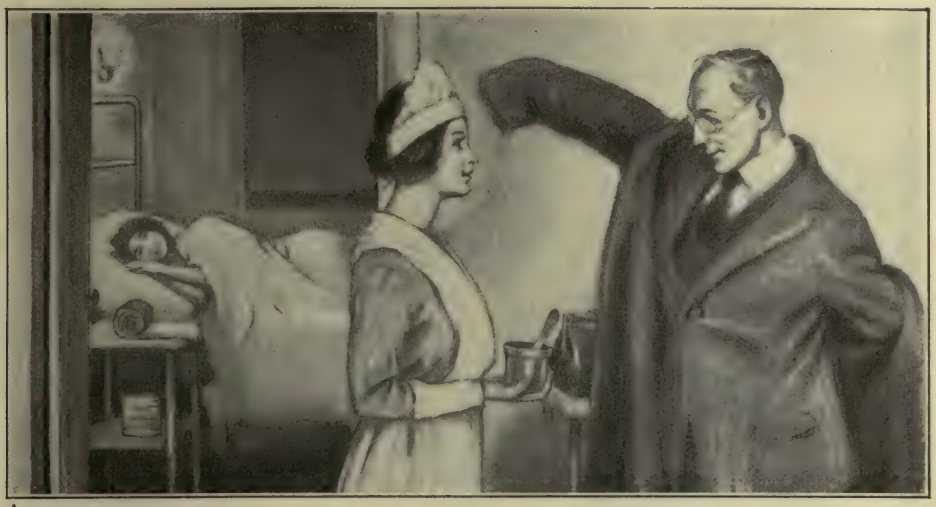
Above, on the left, is the three-compartment urn, arranged in this instance for milk, buttermilk, and cream, but adaptable also for any iced drink such as coffee, tea, etc.

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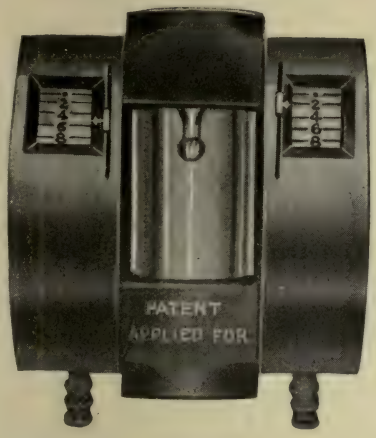
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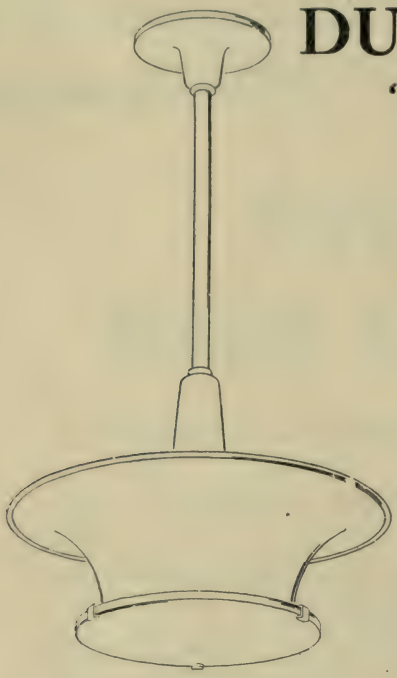
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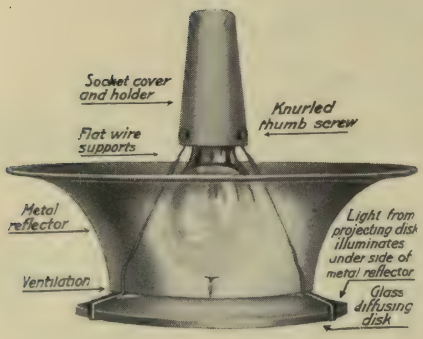
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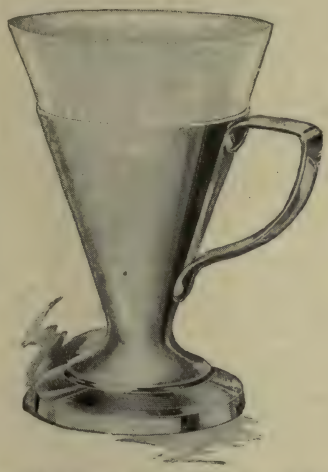
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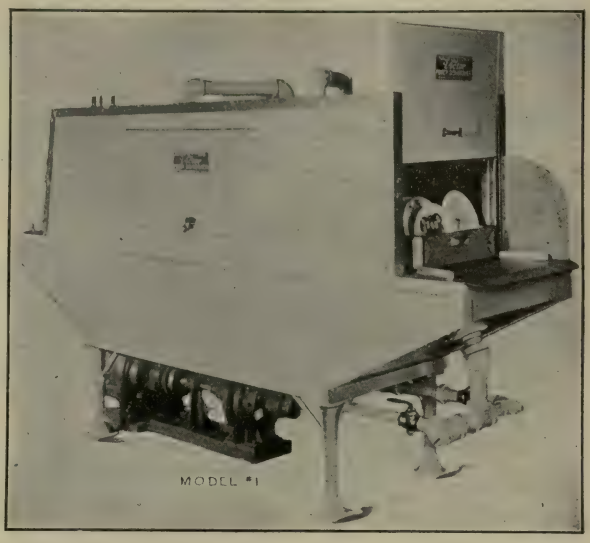
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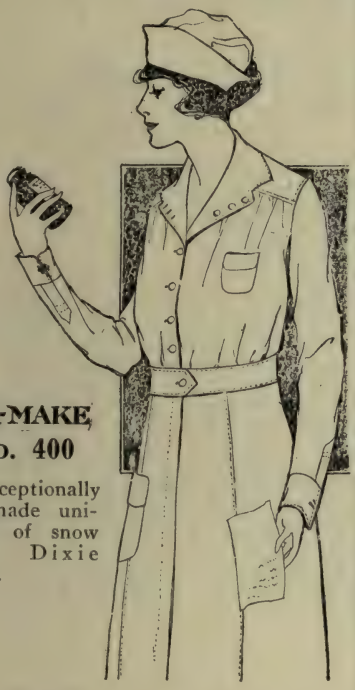
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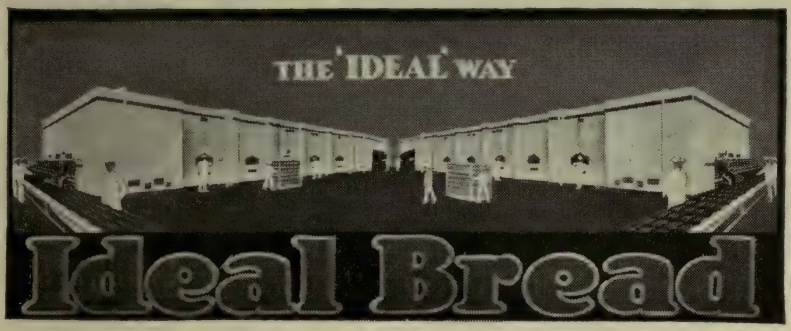
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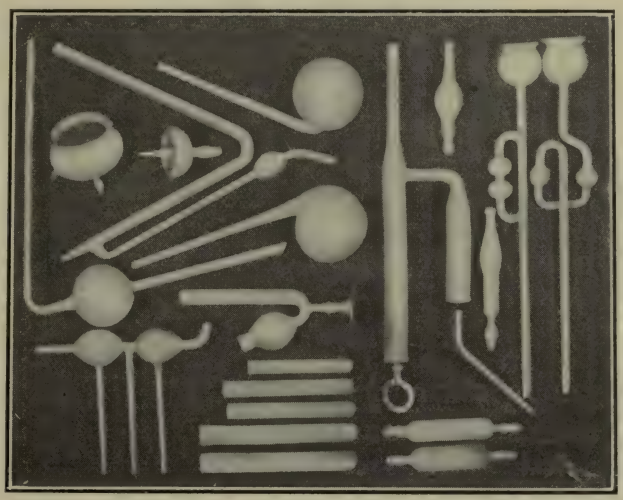
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The Hospital World

TORONTO, CANADA

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Editorials

MARKED DISHES

WE have received a communication inviting our assistance in the matter of procuring from the manufacturers enamelled eating utensils which shall be numbered, if possible, under the enamel. The writer points out that if the cups, plates, and other dishes used in institutions could be numbered so that each inmate could have his or her own dishes, it would be a help in institution work; and that where there is any suspicion of the existence of transmissible disease (especially venereal) this would be a great convenience and safety. Our correspondent has endeavored on several occasions to secure this improvement, but so far has not succeeded, though in barber shops, he is informed, the utensils are numbered. The letter closes by inviting our co-operation with the manufacturers and others concerned, so that it may be possible to procure dishes which may be easily kept separate.

We fancy that it would be a difficult matter for manufacturers to make a separate and distinctive mark on each separate utensil they manufacture; but it would not seem an impossible task for each hospital to be apprised of a method of marking eating utensils with a mark by which the tablemaids and inmates would know their own particular dishes and utensils.

Meantime, the practice adopted by a prominent firm of restaurant keepers in Toronto and by a considerable number of tubercular sanitaria, of boiling all table dishes and utensils should be carried out. This can be done nicely by having a tank of boiling water just beside the dishwashing sink, in which the cleaned dishes may be immersed just before being placed in the cupboards.

Further, the good practice adopted in some of the more up-to-date hospitals of having all nurses, servants and other employees undergo a thorough physical examination (Wassermann included) when admitted to service would be well worth instituting.

If any of our readers have any views on this matter we shall be pleased to hear from them.

HOSPITAL AND LABORATORY SYSTEMS UNDER A MINISTRY OF HEALTH

THE Advisory Committee on Public Health of the British Labor Party, more than one-half of which were doctors, have drawn up a report entitled *The Organization of the Preventative and Curative Med-*

ical Services and Hospital and Laboratory Systems under a Ministry of Health.

The aim is to inaugurate systems of living, working and enjoying leisure which experience and scientific research show to be capable of producing the greatest happiness for all. The report states that instruction in preventive medicine in medical schools has been very inadequate; and that clinical teachers know little of, and have failed to protest against, industrial and housing conditions; that the general practitioner has little opportunity to study and uphold the principles of preventive medicine. So much time is spent on the *art* of medicine, too little remains for acquiring and practise of the science of medicine. "State services," says the report, " should be under democratic control—must not be bureaucratic, and that nothing must be done to take away the choice of doctor from the patient, but rather to widen and amplify the very restricted choice he now possesses. The scheme must not prevent private practice, and no practitioner or patient must be forced to take any part or share in it against his desire.

The activities of the National Health Service should include the public health service, a domiciliary and nursing service, a school health service, an industrial health service, a research service, and a hospital and clinical service. The committee believes that all the present *voluntary hospitals* should eventually be merged into the public hospital system, though at first they might be given a choice of remaining on an entirely voluntary basis, or of being

taken over by the health authorities, or of receiving subsidies from the rates, provided that on inspection they turned out to be efficiently maintained.

DIET IN HEALTH AND IN DISEASE

In one of his closing lectures at "The Hopkins," about the date of the celebrated utterance respecting the chloroforming of seniles—Osler said, "what we need in America badly is a visit from some Japanese gastric missionaries." "The bane of the South is hot biscuits, and of the North pie," he added.

It was about this date that Chittenden's epoch-making book on diet appeared, showing that soldiers, athletes and students could get on much better with a much smaller animal proteid intake. Fletcher had laid emphasis on this point and had recommended a prolonged chewing of the food as a means of checking the amount of proteid eaten. No one questions the value of sufficient insalivation, but not many go to the extent of following Fletcher's rule of chewing until the pharyngeal reflex is stimulated—a reflex absent in most throats.

It took the Great War to focus general attention on the question of diet. This is one of the good things which has come out of this most terrible of experiences. It is to be hoped that some lessons learned will not be lost; though some are already forgotten. Back we are going to the white bread of pre-war days—the vitamines in the embryo and outer circumference being milled out.

A few months ago *American Medicine* devoted one whole number to a symposium on diet, contributed to by authorities in America. Taking its cue (probably) from this American publication *The Practitioner*, of London, England, devoted two numbers to the same subject—July and August, 1919. The first number contained several articles on Diet and Health—in youth, adolescence, senesence, old age, etc. The second number had articles on diet in acute disease, in diabetes, in obesity, in renal and circulatory disease, in diseases of infancy, in tuberculosis and pulmonary disease, and in dermatology. These are all very instructive papers and well worth reading carefully by all our readers.

While in the treatment of such diseases as diabetes, Bright's disease, infantile summer diarrhea, typhoid fever, scurvy, and other deficiency diseases, food is of paramount importance, it plays a great rôle in the treatment of diseases in general, and it behooves every general practitioner to post himself as thoroughly as possible on this very important subject.

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Original Contribution

THE MILITARY HOSPITAL FOR MENTAL CASES AT COBOURG

By Charles K. Clarke, M.D.

In a search for the ideal, disappointment generally figures at something like ninety-nine decimal nine hundred and ninety-nine per cent., so that in this unrestful period of the world's history, the man with a hammer has ample opportunity to "knock" practically everything in sight. Not only has he the opportunity, but he generally accepts its with promptitude, especially if the question concerns military administration. The number of military geniuses lost to the world by the bungling of what they classify as an effete organization, is large, and if we believe them, Kitchener and French and Haig were residents of Stupidity Street, because they refused the best of advice tendered in the most generous spirit of patriotic enthusiasm, by these self-deluded world-beaters.

Of Canadian military organizations the medical service has received more slams than any other, varying all the way from grand slams to little slams, and even intermediate slams have been attempted, although distinctly against the rules of the game. Of course, the military authorities have fumed and fretted over the injustice of it all, but by a strange paradox the military officer, although trained to fight with his sword, must relegate the mightier weapon of the pen to the civilian critic and quill driver. This is not always a happy state of affairs for a general, or a brigadier, or even a full-blooded colonel, who feels the stings of the human mosquitoes which attack him, without the right to squash the irritating insects. It matters not what the armchair warriors pull off in the way of criticism of medical organizations, the actual returns bring confidence to those who wish to know the truth. When we learn that in the Boer war, of every hundred soldiers who

died on active service, eighty-five succumbed to disease and fifteen were killed, and that in this war only five out of a hundred in the Canadian army died of disease, we salute the brigadier-general, the surgeon-general, and all of those associated with him, as gracefully as a civilian can attempt this somewhat difficult feat. Perhaps it is bad form to do it, but after all, these gentlemen deserve it, and if their modesty and military etiquette prevent them from saying some of the nice things deserved, we must do it for them.

Hospitals for the mentally afflicted are ordinarily associated in the public mind with noise and violence, not to say a thousand repulsive things which are referred to with bated breath. These institutions have too often been looked on as the skeletons in the cupboard of civilization and the custodial care of the mentally diseased has been relegated, in too many instances, to the needy politicians who sighed for the loaves and fishes dispensed by grateful governments. Medicine as a science has gone ahead by leaps and bounds during the last two decades, while psychiatry has not always kept pace with other branches, as a result of its unhappy association with politics, and judging by the condition of affairs in too many asylums, there is ample room for many much needed reforms. It would, of course, be unfair to stigmatize all hospitals for the insane as falling in this category, because some of the most active movements for a bettering of general conditions have emanated from Canadian psychiatrists, and the work accomplished has been admirable, but it has been left to the military authorities to show how to reach the ideal in such matters. Not only has this been done, but the transformation has taken place so quietly and so thoroughly, that it has not attracted the attention it deserves.

The Military Hospital for the mentally disturbed is to be found at Cobourg, and if you were to pass through its many wards without being informed of the nature of the work being carried on there, you might easily believe that you were in an exquisite convalescent home for soldiers recovering from wounds and other physical disabilities. Scrupulously clean and bright, free from noise and disturbances, you feel that the impossible is being accomplished, and yet it is a hospital for mental cases.

A dozen different explanations might be sought to account for the unusual conditions, which differ so much from those supposed to pertain to institutions of this kind. One suggestion was that as the hospital buildings clustered about the old Methodist Theological College, the associations might have produced a holy calm quite impossible under other circumstances, but the Anglicans and Presbyterians would doubtless have something to say about that, and might even insinuate that greater mental disturbance, rather than the reverse, might be expected. Whatever the explanation, the fact is that the Cobourg Hospital is a model, even judged by the standards of general hospitals and, of course, they think themselves "some pumpkins" in such matters. Cleanliness is, of course, a great virtue, but it can be overdone at times to such an extent that its perfection makes the average man uncomfortable. The O.C., Major E. H. Young, has an eagle eye though, and dirt has as much chance to escape him as the average mouse has from a lively cat—not that we wish to compare the Major with even a Persian pussy of high degree, as he is one of the kindliest of persons, as free from feline instincts as it is possible for a man to be, but the comparison makes our meaning plain. We rejoiced beyond measure when we found a cobweb that the only spider in the institution had spun. It saved the situation, but the Major's look made us feel that Arachne was doomed to an early death.

In the majority of hospitals for the mentally disturbed the poor chronic patients sit about like bumps on a log, listless, often untidy, indifferent to everything, and lost to every interest. They are simply vegetating, and their very appearance excites nothing but horror and pity in the visitor, who does not realize how great is the tragedy of mental alienation. He is told that this is inevitable by the time-server or ignorant official who knows nothing better, and is not at all anxious to add to his limited knowledge. You may search Cobourg from top to bottom without finding any such—even the patients in bed are at work. Occupational therapy is no sham here, industry is the gospel preached by every official, and even the introspective patients have their attention diverted from their insane thoughts by all sorts of well devised methods of treatment. In the amusement hall we saw a large class of the demented types at wand

drill, and the exercise would be an object lesson to those not familiar with the rational method of dealing with these people. The physical instructor made no attempt to enforce rigid military discipline, but relied on gentleness and the rhythm of the piano music supplied by an S.C.R. nurse, to get his effects. The movements were simple, and the best of the class were in the front ranks. The drill was well executed, and while a few of the introspective ones would forget to perform some of the exercises for a few moments or would perhaps substitute some original ones, in the end they would join in as required. Occasionally one would leave the ranks, but after a short time returned of his own account. There was no attempt made to do P.T. so thoroughly detested by the average Tommy, it was merely an endeavor and a successful one too, to keep the patients occupied and interested. The higher types did much more complicated movements and drills.

Occupational therapy met us everywhere, and the results attained are most encouraging. Basket work, typewriting, modelling, wood carving and other woodworking of artistic character, cartoon drawing, shoe repairing, painting, are among the industries followed, and in many instances the results are inspiring. A beautiful bird fountain and a large fern box at the entrance to the hospital are a tribute to the genius of the maker, and in the show rooms are to be found examples that would be worthy of artisans of long training. These men are not artisans though, and are, in the majority of instances, simply mentally handicapped persons who are being wooed back to normal health by individual care.

The nursing is practically all done by trained women nurses of the highest type, many of whom have had the advantage of acquiring a knowledge of mental disease in provincial hospitals or have attended the course on mental hygiene given at the University of Toronto under the direction of the Canadian National Committee for Mental Hygiene. Associated with them are the highly trained nurses from the Soldiers' Civil Re-establishment, skilled in occupational therapy methods and trained along the same lines as those already referred to.

The pessimists always maintained that the women nurse or aide in a hospital for men who are mentally disturbed, would

be a failure. Let the doubting Thomases visit Cobourg and see what women of the right kind are accomplishing. Man's respect and reverence for woman do not die out even when mental disease o'ertakes him. The great point in Cobourg, is the individual care and development of the patient, thus reversing the order of things so frequently found in hospitals for the insane. Surgeon-General Fotheringham has evidently realized that best results can only be obtained by employing the best means, and he was well advised when he furnished Cobourg with an ample staff of physicians, nurses and aides, and equipped this hospital in such a way that its important work could be done successfully. Occupational therapy, as has been said, is the sheet anchor in treatment, but this somewhat high-sounding title takes all sorts of pleasant forms, and like Artemus Ward's kangaroo, often proves " an amoosin' and instructive little cuss." The entertainment hall, of large dimensions, is the centre of a host of activities, and during the week offers a varied programme in the evenings. This has been made possible by the kindness of Cobourg's citizens, and a well known moving picture firm. On Monday evening, during the school season, high school and public school teachers give an entertaining course of instruction which is greatly enjoyed. Tuesday evenings—movies. Wednesday—a dance at which citizens assist. Thursday—movies. Friday—a dance given by the Soldiers' Comfort League. Saturday—games. Outdoor games are played every day, and the trained nurses and aides take an active part in these.

Since the institution opened in April, 1918, some eighteen hundred patients have been treated; nearly all mental cases, but not an inconsiderable number suffering from neurosis or undergoing observation. When it is said that of these fifty-eight per cent. have been returned to civil life, it is apparent that the end has justified the means, and if Provincial Governments could be made to realize what a burden of maintenance could be taken off their shoulders by the development of psychopathic hospitals, equipped with such staffs as that found at Cobourg, they would wake from their apathy and give superintendents an opportunity to accomplish something worth while. Hydro-therapeutics are relied on to control excitement, and the equipment for this

purpose is all that can be desired. Restraint and seclusion are unknown in the hospital, and where a patient is inclined to be unduly restless, sufficient nurses are provided to care for him, and the prolonged bath used to soothe him.

The scientific part of the work is cared for by a well organized staff of physicians who enter into their duties with enthusiasm and zeal. The whole staff of the hospital consists of 149 civilians, nurses, S.C.R. aides, orderlies and military medical officers. When it is remembered that an ordinary general hospital expects to have one official for every patient, the proportion at Cobourg is not unreasonable in an institution accommodating 180 patients.

Major E. H. Young, the officer in command, is a well known psychiatrist of much experience and whose sympathy with modern demands has impelled him to take advantage of the opportunity to put into practice what he believes to be the proper method of dealing with mental diseases. That Surgeon-General Fotheringham and Col. C. K. Russel have given the major such a free hand, and such admirable support, is an evidence of the success of a military administration of which we should feel proud. The object lesson to the community should not be passed unheeded, and it seems almost a calamity that such an organization as that at Cobourg should be allowed to disappear with the closing up of the military establishments. It has accomplished a great work, it has educated at least one community to a knowledge of the fact that people mentally afflicted are still human beings to be benefited and restored by kindly and intelligent methods, and has pointed the way to our emancipation from hamperings which have too long impeded advances in psychiatry. What a good military organization can accomplish surely a broad-minded commission, unhampered by political ties, would undertake and establish with success.

The Superintendent of Nurses, Miss Grand, and Captain Brunton, head of the S.C.R. occupational therapy classes, are to be congratulated on their efficiency; indeed, it is really in order to hand bouquets to all the enthusiasts at work in this important institution.

MENTAL DEFICIENCY IN RELATION TO VENEREAL DISEASE

A. F. Tredgold, L.R.C.P. (Lond.), M.R.C.S. (Eng.), F.R.S. (Edin.).

Author of "Mental Deficiency" and formerly Medical Expert to the Royal Commission on the Feeble-Minded, etc., etc.

In order fully to appreciate the importance of the question of venereal disease in relation to mental defectives, it is necessary to bear in mind the essential characteristics of this class.

Mental deficiency, or amentia, is a condition of arrested or imperfect development of the mind. It occurs to the extent of approximately one such person in each 248 of the general population; the total number of mental defectives of all ages in England and Wales in the year 1906 being estimated at about 139,000 individuals. Of this number it is probable that rather less than half are females, and rather more than half males.

The condition is divided into four groups, respectively known as idiocy, imbecility, feeble-mindedness and moral imbecility. The *idiots* and *imbeciles* are the most deeply defective. They are practically incapable of following any useful occupation, they cannot protect their own interests, and the idiots cannot even guard themselves against common physical dangers. Idiots and imbeciles together only comprise about one quarter of the total number of defectives, and, since venereal disease is exceedingly rare amongst them, they need not be further considered here.

The *feeble-minded* are the most numerous of all defectives, and, as a class, stand on a decidedly higher plane than the imbeciles. They can do useful work and are capable of being employed in many simple, routine occupations. But they require more or less supervision in their work and many of them are so irresponsible, wayward and undependable that employers find them almost more trouble than they are worth. Their chief defect, however, is one of wisdom. Although they may earn money, they are quite incapable of laying it out so as to provide for their wants. They can rarely learn from their

mistakes or profit by their experience. Many of them are gentle, confiding, simple creatures, who will fall in with any suggestion made to them, whether for good or for evil, and are thus quite at the mercy of their environment. If this is good they will lead placid, harmless, contented lives; if it is bad they will just as readily lead a life of immorality or crime. They have no ambition and make no plans for the remote future, and if they did, they would not have the strength of will or the necessary wit to achieve them.

The *moral imbeciles* differ from the feeble-minded in two important respects. First, intellectual defect is usually much less obvious. The term imbecile, indeed, is somewhat liable to give rise to misconception regarding this class, for few of them are imbeciles as the word is ordinarily used, and many of them evince a considerable degree of intellectual ability or even brilliance. They are imaginative, cunning, adepts at inventing and carrying out schemes and capable of giving most plausible explanations of their behavior. Many of them are well-favored and of quite attractive appearance, quite unlike the ordinary ament. Secondly, and most important, they have no moral sense. They are fundamentally incapable of appreciating the difference between right and wrong; they have no conception of honor, honesty, morality or any social virtue. They will lie, thieve, injure and destroy without the slightest compunction or shame, and they will persist in these actions whenever they get the chance, without being at all deterred by any recollection of past, or thought of future, punishment. They are inherently incapable of conforming to the legal and moral codes of society. In addition, a considerable number of this class have pronounced erotic tendencies. Their defect, however, is not only moral. In spite of their plausibility and seeming intelligence, the fact that they persist in a course of action which has in the past brought punishment, and which will inevitably bring punishment again, shows that they also, like the feeble-minded, are lacking in the wit and wisdom necessary to manage their affairs, to protect their interests, and to control their present desires for the sake of future advantage.

It is obvious that these two classes of the feeble-minded and

morally defective are characterised by certain defects and tendencies which will result in their readily contracting and spreading venereal disease, should the opportunity occur. For, whereas the normal girl, if properly instructed, is able to realise the dangers which may result from illicit sexual intercourse, the feeble-minded one is not. Whereas the normal girl is usually able to resist more or less chance solicitation, the feeble-minded one is not. And whereas the normal girl who has happened to fall and contract venereal disease has usually (unless she is a professional prostitute) learned such a lesson that she is not likely to repeat the offence—the feeble-minded one is lacking in the capacity to profit by such an experience. Her very defect renders her unconscious of the risk she may run in yielding to suggestion, indifferent to and unashamed of the state she is in, oblivious of the effect it may have upon her health, and of the need for seeking treatment, and undeterred from yielding to subsequent solicitation.

The likelihood of the morally defective girl contracting and spreading venereal disease is even greater. For whilst the feeble-minded girl is usually a weak-willed, passive, simple creature, who readily yields to suggestion when it comes in her way, the morally defective one is usually an active, energetic, attractive and utterly irresponsible girl whose erotic tendencies impel her to go out of her way to seek sexual intercourse; and, having contracted disease, she is just as regardless of the consequences, and even more unashamed than is the feeble-minded. From being non-moral, she has become definitely immoral, and she will become an even more active agent in the dissemination of these diseases.

There is no doubt that opportunities for the sexual intercourse of these two classes have been greatly increased in consequence of certain conditions created by the war. In the first place, many feeble-minded girls are now much less under adequate supervision. This is due to the fact that they are employed under circumstances which admit of their greater freedom. Owing to the number of men called up for military service, and the number of men and women who have left their ordinary occupations to engage in special work in munition factories and elsewhere, the lower ranks of labor have been

greatly depleted. This has provided employment for many feeble-minded girls who were formerly at home; they are now earning wages, they have become independent, and this independence has resulted in increased liberty. For they are subject to no organised oversight; even the feeble-minded domestic servant has her night out, and the girl who is employed on the land or in the factory is subject to even less supervision. The same remarks apply to an even greater extent to the morally defective girl. But here, in addition to the readiness with which these can now obtain employment, the effect of which is to make them quite independent and to increase the intractability and intolerance of control which is such a marked feature of this class, the conditions are such as readily to conduce to a life of prostitution, and it is unquestionable that many moral defectives now earn a living by this means.

The country is flooded with young men who are for the most part away from their families and the ties of home. Many are on leave from the front, others are undergoing training in vast military camps and are free in the evenings to seek their pleasure in the nearest town. And the War has not only broken down many social barriers; it has loosened, or abolished many restraining conventions which formerly obtained. It has brought about a greatly increased companionship and freedom of thought and speech and behavior between the sexes, and it cannot be doubted that it has greatly increased the tendency to illicit sexual intercourse.

Knowing these conditions, and bearing in mind the special defects and propensities of the two classes I have described, I think we should inevitably be led to certain conclusions. We should expect that, owing to their erotic tendencies or weakness in resisting suggestions, sexual intercourse would be relatively more rife in the case of those girls who were morally and mentally feeble than in the normal; consequently we should expect to find a relatively greater prevalence of venereal disease in these two classes. But, as we have seen, these persons have not the capacity to learn from experience like the normal girl; they neither fully appreciate the state they are in, nor are they deterred thereby from further lapses, we should therefore expect them to play a relatively greater part in the dis-

semination of these diseases. Is there any evidence that such conclusions are justified?

As will readily be understood, there are few conditions regarding which it is naturally more difficult to obtain reliable data; and, as a matter of fact, I am unaware of any extensive series of statistics dealing with the incidence of these diseases either amongst the normal or the mentally abnormal sections of society. As a result of my own experience, however, supplemented by some enquiries which I have made elsewhere, I have no doubt that these *a priori* conclusions are fully justified, and that mental defectives do indeed play a part of the utmost importance in contracting and spreading these diseases.

I have noticed during the past two years that, of the mentally defective girls coming into a rescue home of which I am the physician, many now have venereal disease. I have ascertained that this has often been of some weeks' duration, and that during this time these girls have been engaging in promiscuous sexual intercourse, and I have not the slightest doubt that during this time they have spread disease to a considerable number of healthy persons. In illustration of this point I may briefly mention the following case which has quite recently come under my notice, and which, I believe, is but typical of many throughout the country.

A well-developed and attractive-looking girl of 16½ years was apprehended by the police on the charge of frequenting a soldiers' camp for immoral purposes. She had had several situations, each of which she had only kept for a short time, and for some weeks before being arrested she had been frequently in the company of soldiers. She was placed on probation and sent to a training home. After being there a short time she absconded with the clothes of another inmate and several articles of jewellery. For a time she lived upon the streets, she was then discovered by her relatives and prevailed upon to return home. After a short interval she ran away from home, stealing her sister's clothing, and for some weeks she again roamed the streets. She was then arrested by the police and charged with theft. On examination by the police surgeon, she was found to have venereal disease. I was called in to

enquire into her state of mind and found her to be a pronounced moral imbecile with strong erotic propensities. On my evidence, the magistrates directed that she should be remanded to a "place of safety" and a petition presented under the Mental Deficiency Act. The only suitable place of safety which could be found was a lock hospital and to this she was accordingly sent. After being here a fortnight she again made her escape, taking with her another defective girl who was also under treatment. She roamed the streets of London for 10 days, and from what I know of her amorous nature, and her particular penchant for soldiers, I have not the slightest doubt that she was spreading venereal disease to four or five soldiers every day she was free. Finally she was again arrested, charged and sentenced to two months imprisonment, which she is now serving. The local authority have secured a vacancy in an institution and intend to present a petition before she is again set at liberty; but there is no doubt that had she been detained earlier, very much harm to the community would have been prevented.

I have mentioned this case, not because it is unusual, but because I believe it to be merely an illustration of what is now going on throughout the country. As a matter of fact many similar cases have come under my own notice several of them being in girls of good social position and family connections. In my opinion the contraction of venereal disease by the normal girl is relatively a more or less exceptional incident (although the total number affected is doubtless considerable), but the contraction and spread of venereal disease by the moral imbecile is the rule, and, so long as she is free, a result which is almost inevitable under the present conditions.

In order to obtain further evidence as to the incidence of venereal disease in the mentally defective, I communicated with the medical officers of the Lambeth Infirmary and the Lock Hospital. Dr. George F. Stebbing, of the former, who has taken a great interest in this question, says that a very large number of girls are treated in the infirmary for venereal disease, and that, in his opinion, it is within the mark to say that more than a third show recognizable mental defect. He does not think there is any doubt that I am correct in con-

sidering that the incidence of these diseases is decidedly greater in the mentally defective than in the normal population. Dr. Stebbing further states that he has seen several cases that have returned more than once with re-infection, often bearing more than one illegitimate child. Dr. Murphy, of the Lock Hospital, says that in his opinion at least 50 per cent. of the cases passing through the hospital are mentally deficient, although the number actually certified as such is very small.

Although it is not possible to quote any extensive series of statistics, I think it will nevertheless be clear, from what has been said, that the question of mental defect and venereal disease is one of very great national importance and urgency. The question now arises as to what means we have of dealing with these cases.

It is to be remembered that the class to whom we are now referring are not mentally normal. They suffer from a defect of mind which is not only well known to the mental specialist, but which is now recognized by the law of England. For this defect they are not responsible, and it is not punishment but *protection* which should be meted out to them.

To a considerable extent such protection is afforded by the Mental Deficiency Act of 1913, and there can be little doubt that had this Act been adequately administered before the war, much of the evil we are now considering would have been averted. Unfortunately this was not done and it will not be inopportune briefly to consider the causes of this, in the hope that, even now, steps may be taken under this Act to prevent further evil. The chief provisions of the Act will be described presently; it may be remarked here that its object was the two-fold one of affording protection to the mentally deficient against certain inimical elements in society and of affording protection to society against the irresponsible depredations and anti-social propensities of certain of the mentally deficient.

The administration of the Act is in the hands of a Central *"Board of Control"* and various *"Local Authorities."* The former is a Government department and its duties are chiefly those of general supervision. The local authorities are the county and county borough councils and their duties are chiefly administrative; they are required to ascertain what persons

within their respective areas are defectives, subject to be dealt with under the Act, and to provide suitable accommodation and supervision for such persons. The Board of Control, whilst paying due regard to the recommendations of the Committee on public retrenchment, are keenly anxious to secure adequate provision for all cases of real urgency which can be dealt with under the Act, and in a recent circular they have defined the conditions which may be held to constitute "urgency." It is doubtful whether all mentally defective persons suffering from venereal disease would come within these definitions, but there is little question that the Board would favorably consider any applications for dealing with special cases of this kind which were made to them. The circular expressly states: "In doubtful cases, however, or special cases outside the definition, where the circumstances are such as, in the opinion of the local authority, to justify their being classed as 'urgent,' particulars should be submitted for the Board's consideration before steps are taken."

There can be no question that the chief reason for the present very unsatisfactory state of affairs lies not in any defect in the Act, nor of the Board of Control; but in the neglect of the local authorities to administer the Act. This is shown by the fact that although the Exchequer was prepared to pay the sum of £150,000 per annum to local authorities for this purpose, in the year 1917 only £79,000, a little more than half this sum, was actually utilized. There are, it is true, some authorities who have realized the importance of, and discharged, their duties; indeed, these have been unable to cope with all the urgent cases in their area for the reason that they have exhausted the sum allocated to them by the Treasury, and a reconsideration of the financial arrangements of the Act is a pressing need; but the majority of local authorities have been content to let the administration of the Act remain in abeyance, and I cannot but feel that this is a most shortsighted policy and one which is the reverse of economical. There are, of course, many social problems which the nation would not be justified in spending time and money and energy upon, whilst it is engaged in this terrible war—they may well wait until the return of peace; but it is very doubtful whether the

problem of the mentally defective is one of them, and the question of such of these persons as have contracted, or are even likely to contract, venereal disease, is certainly not. It is very necessary, therefore, that every effort should be made to impress the importance of this matter upon local authorities, and that they should be urged to discharge their duty, alike to the mentally defective and to the nation, in this matter. This neglect is chiefly, if not entirely, due to the fact that the members of these authorities have not hitherto realized the gravity of the question, and I believe that this only requires to be brought to their notice to result in the necessary action being taken. The great defects at the present time are that we are practically quite out of official touch with the great mass of mental defectives who are at large, that we neither know who nor where they are, that we have no system for finding out or for exercising supervision over their movements, and that there is a woeful inadequacy of suitable accommodation for such as should be placed in institutions. The case I have already mentioned illustrates the danger which results from the great difficulty and delay in finding vacancies in institutions. For these reasons I am of the opinion that the matters which should and could be dealt with at the present time are: Firstly, the ascertainment by each local authority of all the defective persons within its area; secondly, an adequate system of oversight by suitable visitors; and thirdly, the provision of accommodation for those whose liberty is a danger either to themselves or to the community. Many of the more urgent cases come, at some time or other, within such institutions as prisons, workhouses, lock hospitals and rescue homes, and the medical officers of these might well be requested to notify those whom they consider should be certified to the local authority. I am well aware that under the present conditions medical officers have very little time at their disposal, and these cases are not always easy to diagnose by the non-expert. Moreover, it is very essential to avoid any action which might deter persons suffering from venereal disease from seeking treatment by reason of the fear that they might be certified as mentally defective. But the danger is a real one, and these difficulties are not insurmountable. It would probably at the same time prevent any

mistakes in diagnosis, ensure public confidence against any infringement of the liberty of the subject, and be a real economy, if the practice were adopted of referring all doubtful cases to a recognized specialist in this department of medicine.

In conclusion, it may not be unnecessary to point out that, although my remarks have chiefly had reference to the female sex, this is no sex question. I am strongly of the opinion that any mentally defective person found to be suffering from venereal disease, of whatever sex and age, constitutes such a danger to the public that he or she should be detained. But it seems to me probable that the feeble-minded youth is, by reason of his defect, less likely to have opportunities for sexual intercourse than is the feeble-minded girl, and it is certainly my experience that he is a less active agent in the spread of venereal disease, consequently I have dealt chiefly with the female sex. The necessity for detention, however, applies equally to affected males and females.—*Canadian Journal of Mental Hygiene.*

AN AUTHOR FOR DOCTORS AND NURSES

(*Robert Louis Stevenson*).

Our former article in the July, 1918, number of this Journal was so well received, that we take the liberty of presenting our readers with another article on the same subject.

Stevenson was born in Edinboro, in 1850; he died in Samoa in 1894. As a child he was very delicate; consequently his education at school was irregular and interrupted. This may have been a good thing. Between his thirteenth and seventeenth year he spent a good deal of his time in the South of England and on the Continent in search of health. These experiences, no doubt, gave him the pabulum for his "Ordered South."

As a youth he showed the most passionate love for books and for the study at first hand of that about which the books he loved told—life; and particularly that of the proletariat, among which class he found some fine character studies.

Stevenson's father intended that R. L. S. should follow in

his footsteps and that of his paternal ancestors for two generations back—lighthouse builders; but this life with its rough experiences of the Scottish seas, he could not stand; so he decided to build an intellectual and spiritual lighthouse.

"Say not of me that weakly I declined
The labors of my sires, and fled the sea,
The towers we founded and the lamps we lit,
To play at home with paper like a child.
But rather say: In the afternoon of time
A strenuous family dusted from its hand
The sand of granite, and, beholding far,
Along the sounding coasts, its pyramids
And tall memorials catch the dying sun,
Smiled well content, and to his childish task
Around the fire addressed its evening hours."

Stevenson was sent to Edinboro' University, where he took a very indifferent course, caring little for lectures and the routine drill of college life. However, here he found a friend, Fleming Jenkins, one of his professors. The acquisition of this friend was worth as much as a diploma, with which the reader will agree, if he but read Stevenson's biography of this worthy man. Of his course in the University Stevenson writes, "No one ever played the truant with more deliberate care, and no one ever had more certificates for less education." During this period he read omnivorously of books, but not of those on the University course. For a list of his early favorite authors, read his "Penny Plain and Two Pence, Colored."

Being repelled by the stuffy atmosphere of the lecture-rooms, which aggravated his malady, and by the dry-as-dust discourse of many of his professors, he sought the great out-of-doors, particularly the country, and the squalid and out-of-the-way parts of the city. He was fond of haunting the wharves and nearby saloons, listening to the tales of the sailors and vagrants. It may be said that one article of his creed was:

"There is so much bad in the best of us,
And so much good in the worst of us,
That it ill becomes any of us
To find fault with the rest of us."

That he made a study of this mixture of good and evil in human nature is proven by that remarkable story of his: "The Strange Case of Dr. Jekyll and Mr. Hyde."

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In 1871 our author began the study of law, and was admitted to the Scottish bar in 1875. He engaged in but one case; then he abandoned law for literature, to which he gave his heart and soul.

Among his first excursions into the realm of literature were the stories of two excursions he took—the one with the donkey in the mountains, and the other in company with a friend, each in a canoe, down the Scheldt. The story, however, which brought him into strong light, written thus early, was "Will o' the Mill." He followed these efforts up with a collection of other short stories of a somewhat different type. "The New Arabian Nights," and "The Merry Men" placed him in the ranks of Edgar Allen Poe, Nathaniel Hawthorne and Bret Harte as a writer of short stories.

In 1881 appeared "Virginibus Puerisque." The third essay in this book I must commend to all young doctors and nurses contemplating marriage. It is intituled, "Falling in Love." In 1882 the reading world turned from Howell's fine story, Silas Lapham, of the realistic school, to that romance, "Treasure Island." It is related that Gladstone devoured it in one sitting. In this same year appeared several essays on Burns, Whitman, Thoreau, Villon, Pepys, and two or three others. By this date he had established his reputation as "the head of a school and an influence in literature of pronounced import." But at this critical period, owing to his pulmonary condition, he was again ordered South—first, to the south of France; later to the south of England. But his illness did not deter him from working (he believed in Ergotherapy). He labored assiduously. Even when he lay, ordered even not to speak, he would dictate stories on his fingers by means of the deaf and dumb alphabet. Outcome: "Child's Garden of Verses," which, says one enthusiastic admirer, "took the literary world by storm."

Between 1883 and 1885, in collaboration with Henley, he wrote several plays. In 1886 came "Kidnapped." In 1887 he came to America and took quarters with Dr. Trudeau at

Saranac Lake. He never returned to Europe again. A second collection of poems appeared about this time, "Underwoods." The next spring he went to California, bought a yacht in San Francisco, and set sail for the South Seas. After cruising about for three years he settled in his last home, Samoa. Here he bought an estate, built a house, and with his wife, step-son, a few intimate relatives and thirty or forty servants, spent his remaining days.

The poor Samoans were suffering from too much government—England, Germany and France. For championing the cause of the Samoans Stevenson became the Beloved Tusitala.

On Sunday nights with his family and servants gathered for worship Stevenson offered up a prayer, which is often quoted. The writer of this article pinned a typed copy over his bunk in the Klondike in '98. The next morning after breakfast, he found Stevenson's epitaph in script nailed alongside; placed there by the janitor of the building—a Scot. Here they are, for they are worth memorising:—

"We beseech Thee, Lord, to behold us with favor, folk of many families and nations gathered together in the peace of this roof, weak men and women, subsisting under the covert of Thy patience. Be patient still; suffer us yet awhile longer—with our broken purposes of good, with our idle endeavors against evil, suffer us a while longer to endure, and (if it may be) help us to do better. Bless to us our extraordinary mercies; if the day comes when these must be taken, brace us to play the man under affliction. Be with our friends; be with ourselves. Go with each of us to our rest; if any dream, be their dreams quiet; if any awake, temper to them the dark hours of watching; and when the day returns, return to us, our sun and comforter, and call us with morning faces and with morning hearts, eager to labor, eager to be happy, if happiness shall be our portion, and if the day be marked for sorrow, strong to endure it.

"We thank Thee and praise Thee; and in the words of Him to whom this day is sacred, close our oblation."

"Under the wide and starry sky,
Dig the grave and let me lie,
Glad did I live and gladly die,
And I laid me down with a will.

"This be the verse you gave for me:
Here he lies where he longed to be;
Home is the sailor home from the sea,
And the hunter home from the hill."

As an illustration of Stevenson's work, style and substance, we quote the following:

From "Talk and Talkers" we get:—

"There can be no fairer ambition than to excel in talk; to be affable, gay, ready, clear and welcome; to have a fact, a thought, or an illustration, pat to every subject, and not only to cheer the flight of time among our intimates, but bear our part in the great international congress, always sitting, where public wrongs are first declared, public errors first corrected, and the course of public opinion shaped, day by day, a little nearer to the right. No measure comes before Parliament but it has been long ago prepared by a grand jury of the talkers; no book has been written that has not been largely composed by their assistance. A good talk is not to be had for the asking . . . hour, company and circumstance must be suited . . . . The genuine artist follows the stream of conversation as an angler follows the windings of the brook . . . . he is rewarded by continual variety, continual pleasure, and those changing prospects of the Truth that are the best of education . . . . There are few subjects . . . . and more than half of them may be reduced to three; that I am I, that you are you, and that there are other people dimly understood to be not quite the same as either."

(From "A Humble Remonstrance") On Art.

"No art can successfully compete with life"; and the art that seeks to do so is condemned to perish *montibus aviis*. Life goes before us infinite in complication; attended by the most surprising meteors; appealing at once to the eye, to the ear, to the mind (the seat of wonder), to the touch so thrilling and delicate, and to the belly—so imperious when starved? It combines and employs in its manifestation the method and the material not of one art only, but of all the arts. Music is but an arbitrary trifling with a few of Life's majestic chords;

painting is but a shadow of its pageantry of light and color; literature does but dimly indicate that wealth of incident, of moral obligation, of virtue, of vice, action, rapture, agony with which it teems. To "compete with life," whose sun we cannot look upon, whose passions and diseases waste and slay us—to compete with the flavor of wine, the beauty of the dawn, the scorching of fire, the bitterness of death and separation—here is, indeed, a projected escalade of heaven; here are, indeed, labors for a Hercules in a dress coat, armed with a pen and dictionary to depict the passions, armed with a tube of superior flake-white to paint the portrait of the insufferable sun. No art is true in this sense; none can "compete with life"; not even history, built, indeed, of indisputable facts robbed of their vivacity and sting; so that even when we read of the sack of a city or the fall of an empire, we are surprised, and justly commend the author's talent, if our pulse be quickened. And mark, for a list differentia, that this quickening of the pulse is, in almost every case, purely agreeable; that these phantom reproductions of experience, even at their most acute, convey decided pleasure; while experience itself, in the cockpit of life can torture and slay.

"Life is monstrous, infinite, illogical, abrupt, and poignant; a work of art in comparison, is neat, finite, self-contained, rational, flowing and emasculate. A proposition in geometry is a fair and luminous parallel for a work of art. Both are reasonable, both true to the crude fact; both inhere in nature, neither represents it."

The Foreigner at Home

(A Bit of English Landscape in travelling from England to Scotland.)

"The change from a hilly to a level country strikes him with delighted wonder. Along the flat horizon there arise the frequent venerable towers of churches. He sees at the end of airy vistas the revolution of wind-mill sails. He may go where he pleases in future; he may see Alps and pyramids and lions; but it will be hard to beat the pleasure of that moment. There are, indeed, few merrier spectacles than that of many windmills bickering together in a fresh breeze over a wooded country; their halting alacrity of movement, their pleasant business, making bread all day with uncouth gesticulations, their air,

gigantically human, as of a creature half alive, put a spirit of romance into the tamest landscape . . . . The warm habitable age of towns and hamlets, the green, settled, ancient look of the country; the lush hedgerows, stiles, and priory pathways in the fields; the sluggish brimming rivers; chalk and smock-frocks; chimes of bells, and the rapid, pertly-sounding English speech—they are all new to the curiosity; they are all set to English airs in the child's story that he tells himself at night."

THE PHYSICIAN'S PART IN PREVENTING MENTAL DISORDERS

By W. H. Hattie, M.D.
Provincial Health Officer, Halifax, N.S.

I must confess to no small sense of trepidation in attempting a paper on this subject. While the best years of my life were given to the oversight of a hospital for the insane, and while the experience then gained naturally biased me strongly in favor of any movement directed towards the prevention of mental disorders, it must be recognized that one who has been called upon to render service only to those in whom mental disorder is already well developed can have little more than theoretical conception relative to the conditions which underlie a breakdown of the faculties of mind. Moreover, since the mental hygiene movement really got well under way, my time has been so absorbed by a multiplicity of other duties that I have been able to give only passing heed to the developments in this new field of preventive medicine. I am so firmly convinced of the importance of a well-directed effort to limit the incidence of psychic disablements, and so certain of the possibilities of accomplishing a great deal in this respect, that I could not deny myself the opportunity of making even a very small contribution to the "*Journal.*"

I have comforted myself in the thought that others able to speak with more authority will deal rather particularly with certain specific phases of the subject of mental hygiene, and in this belief it is my purpose to consider more especially some factors which may be presented in a practical way to the general

practitioner. The general practitioner has the great advantage of being witness to the earlier manifestations of mental disorder, and is thus in a position to acquire data which may be of great service in the ultimate estimation of the relative importance of various causal factors. For this reason it is most desirable that workers in mental hygiene should have the hearty co-operation of the physician in general practice.

It is not merely for the sake of the individual that mental breakdown should be averted. No other infirmity is so catastrophic to the individual, and this fact alone would justify the adoption of every feasible method which might save a single person from such great misfortune. But there is much more to be considered. All the members of the family of the victim of mental disorder are subjected to distresses, anxieties and disablements which not only prevent the full enjoyment of life but which may seriously interfere with their normal activities, reducing earning power and lessening productiveness. It is of definite importance to the State that every member thereof should be able to render the full service of which he is capable, and when one considers the numbers who are hampered in their daily tasks by the attention which they must give to mentally unfit relatives, one realizes that this is itself a matter of no small concern to the State. And when we further consider that the vast majority of the mentally incapable, who in Canada number many thousands, are not merely useless members of society, but must be supported by the public, it is seen that there is an economic side to the question, which is of no small consequence. But there is still more to be thought of. The so-called lesser grades of mental defect are, perhaps, really those of paramount importance, for these are accountable for a very large share of the criminality, immorality, delinquency and pauperism, which cost us so dearly, and it is these lesser defects which are most likely to be passed on from generation to generation. The problem, then, is many-sided, and bears so intimately upon national efficiency and national progress that we cannot afford to disregard it.

From all quarters we hear that insanity is becoming more prevalent. There can be no doubt that the number for whom institutional care is being sought is increasing in a much greater

ratio than the general population. This is to be accounted for, in some measure at least, by increasing confidence in the administration of institutions for the insane, but a quicker recognition of mental abnormalities than formerly, by the comparative ease with which patients may now be transported to institutions, by a growing attitude of intolerance on the part of communities to the vagaries and eccentricities of those showing even a trifling mental warp, by a lessened sense of responsibility on the part of relatives, and by other factors which come less into evidence. While much of the apparent increase in mental infirmity may thus be accounted for, there still remains the fact that the burden which mental defect imposes on the State is growing, not only steadily, but rapidly, and many careful students of sociological problems express the conviction that the percentage of population manifesting a greater or lesser degree of mental deficiency is really growing larger. If this be the case, the importance of devising some check to so disastrous a trend is obvious.

Despite the fact that the evidence that heredity is prominently concerned in the causation of insanity is still largely circumstantial, it is impossible for one who has followed out the family history of many cases to dispossess himself of the belief that it is a potent factor in predisposing to and even in determining mental breakdown. For while the seemingly determinant factors may be external, they are often consequential upon the mental attitude of forebears. This applies especially to such things as home and personal hygiene, food and habits generally. When we consider heredity, we must take account not merely of mental abnormalities, but of all conditions in the forebears which may militate against the propagation of virile and stable progeny. In respect to feeble-mindedness, the evidence is convincing that like begets like, and it has been further demonstrated that the average family of a feeble-minded mother numbers much larger than the average family of a normal-minded mother. Such circumstances enter largely into the argument of those who would safeguard futurity by resort to some other means of preventing procreation by the mentally unfit. Inasmuch as the practitioner is at times consulted by those who meditate matrimony, he may be able to occasion-

ally render a definite service by discouraging a union which might be expected to lead to the birth of children so sired or damed as to practically doom them to a life of incompetency.

And then the practitioner has also the opportunity to sometimes advise the mode of life to be followed by those whose heredity predisposes them to mental disaster. In such case he should realize that everything possible should be done to assure the *corpus sanum* which we believe to be so essential to a *mens sana*. The stresses of active competition and the absurdities of many of our social customs bear hard upon an unstable nervous organization. Those whose nervous and mental endowments are unstable should be advised to live quietly, to avoid unnecessary excitement or entanglement which might make excessive demands upon mental and nervous energy, to attend carefully to all details of personal hygiene, to maintain the general health at the best attainable standard —reporting promptly to the physician any departure from that standard, and particularly to place strict limits upon worry and to abstain from alcohol and from any chance of acquiring venereal disease. If statistics count for anything they show conclusively, that alcohol and syphilis are very potent factors in the causation of mental disorder, and that they are particularly disastrous to those whose inheritance respecting mental and nervous condition is not of the best. As it is more especially those of unstable nervous organisation who are prone to fall victim to the lures of Bacchus and Venus, this point should be stressed when dealing with such people.

Worry is one of the causes of mental disorder which looms large in the statistics. Naturally it is most in evidence where the strain of competition is most felt, and that is in the large centres of population. Hence the desirability of protecting the predisposed by having them locate where they may live quietly in freedom from the special demands which city life imposes and which few can meet without taking much thought of the morrow. Worries resulting from domestic infelicities, however, are not restricted to the cities. Where such are suspected, all parties concerned should be interviewed, and tactful representation made of the need for establishing harmonious re-

lationship even though this may require of some the exercise of a disproportionate share of patience and forbearance.

The so-called critical periods of life are fraught with dangers to those predisposed to disordered action of the mind. For many years prominent psychiatrists have been urging the importance of toxic states in the production of mental disorder, and the age of the individual appears to have an influence in determining the effect of a toxic state. To instance this it is necessary only to cite the distressing circumstances which often follow apparently trivial febrile processes in young children, the peculiar liability of adolescents to dementia praecox, the remarkable limitation of general paralysis of the insane to a fairly definite age period, and the likelihood of a psychosis developing at or just after the menopause assuming a depressive type. Our knowledge of the exact nature of the toxic states concerned in the production of these psychoses is still very indefinite, but we feel that they may often be prevented by careful attention to the general health. It would seem to be important that the various emunctories should be kept functioning properly and that the diet and habits of life should not overtax these organs. These precautionary measures are to be advised in all persons, but more particularly in the predisposed, and the advice of course applies with especial force to the years which constitute the critical periods. It is unnecessary to say that sepsis appearing in the parturient woman adds to the peril of mental developments at a time when many emotional and physical stresses have already subjected the patient to much danger, so that this is to be regarded as one of the reasons for doing everything possible to assure a normal labor and convalescence.

It might be observed, too, in this connection, that social conditions play a part, in association with other factors, in the epochal psychoses. A smaller proportion of private patients break down in adolescence or in old age than of pauper patients, while the reverse is to be said of climacteric cases. Pregnancy, the puerperal state (not septic), and lactation, too, are less prone to enter into the causation of mental disease in the well-to-do than in the poor. The inference to be drawn is obvious. All feasible efforts should be made to provide favorable living

conditions for the predisposed, especially when the critical periods are being approached and passed through.

Any departure from the mental norm of an individual should cause his medical adviser the gravest concern and should lead to an immediate investigation, thorough and comprehensive, of the physical condition of the patient with the object of discovering a possible physical basis for the mental symptoms. No greater disaster could be conceived than a chronic mental derangement which might have been averted by careful and diligent attention to the first warning signs. Death itself is preferable to mental incompetency—especially when it is associated with the incomparable suffering of melancholia.

The opportunities for the physician to aid in the prevention of mental incapacities is not limited to his professional sphere. By his advocacy of any public measure which promises usefulness in this particular, he can help along the good work. Thus his support of movements aimed at the restriction of venereal disease and intemperance, at the sequestration of the feeble-minded for at least the reproductive years, at the proper supervision of immigration, as well as of all sanely devised schemes for social betterment will be of definite assistance. Further, he may be able to help by removing prejudices against the admission of mental cases to general hospitals, and by advocating psychiatric clinics in connection with such hospitals and more thorough teaching of psychiatry in the medical schools.

Canada is to-day faced with a situation not less perilous than that involved in accepting the challenge of the Hun. We have entered upon a period of competition such as was never before dreamed of. Our place among the nations depends upon our ability to meet this competition, and this in turn depends upon the physical, mental and moral qualities of our people. Material progress is essentially dependent upon adaptation to the opportunities with which nature surrounds us. Paleolithic man, in countless milleniums, made little progress in adapting himself to these opportunities. In the neolithic age, progress was more rapid, but still distressingly slow. The age of metals has, in this respect, been characterized by an almost steadily increasing momentum, which has of very recent years been

accelerated at a rate which cannot be contemplated without concern. Every day the process of adaptation becomes more difficult—the adjustments become more complex—the tax upon the human machine becomes greater. Correspondingly the need for giving serious heed to man's necessities in the way of physical and mental endowment becomes more accentuated. In the confusion and excitement of the struggle for place the theorist is apt to receive scant attention. But when a real emergency arises we find that the theorist is of use. Have not the musty old professors of chemistry and physics and psychology and a lot of other 'ologies been eagerly brought out from the seclusion of their libraries and laboratories to solve emergent problems of the war, and have they not rendered a wonderful service? And now, with a new emergency confronting us, should we not call upon those who have been studying man in the abstract to tell us how man may best adapt himself to the extraordinary stresses to which he is to be subjected? We are greatly in need of guidance in such particulars. Would it not be a logical and reasonable thing to set men whose training qualifies them for such tasks to formulate for us such rules as will enable us to adjust ourselves to the conditions which confront us, and to prepare us for a career which will not merely be creditable, but will assure to Canada a foremost place among the nations?—*Canadian Journal of Mental Hygiene.*

Canadian Hospitals

HOSPITAL FOR INCURABLES

A LARGE number of interested friends assembled at the Hospital for Incurables, on October 31st, for the forty-fifth annual meeting of that institution. Clusters of lovely autumn flowers and gay Hallowe'en decorations brightened the assembly-room, and a spirit of hopefulness characterized the meeting.

The report of the Medical Board was read by Dr. F. Arnold Clarkson, who told of 314 cases being cared for during the year ending September 30th, 1919. There were 85 admissions, 75 deaths and 25 were discharged. During the influenza epidemic the hospital suffered very seriously. Ten deaths occurred and many of the nurses as well as the inmates were ill. The devotion to duty of Miss Cook, the Superintendent, and her staff was remarkable, and the hard situation was heroically met.

The Superintendent's report was read by Miss Cook. She stated that 214 patients were at present in the hospital, and recorded the chief events in the life of the institution for the past year.

The Secretary-Treasurer, Miss Groat, told of disbursements amounting to $118,886.59. Receipts totalled $145,491.12. Of this sum $86,222 came from the city of Toronto, $24,314.60 from the Provincial Government, $7,961.20 from subscriptions, and $23,395.07 was paid by patients for maintenance. The adoption of the reports was moved by Rev. Newton Powell and seconded by Sir William Gage.

A delightful address by Canon Dyson Hague followed the reports. In reviewing the history of the institution, Canon Hague spoke of the time, in 1873, when a few men and women of faith and vision opened the Home for Incurables in Bathurst street. Among the veterans were Dr. Topp, Dr. Potts, Dr. Parsons, Dr. McMurray and Sir Mortimer Clark. In 1877 the sum of $4,500 was paid for four and one-half acres of land in what is now Parkdale, and here the present building was erected.

The Home was opened by Princess Louise, who visited it a few years later, in company with her small nephew—now King George of England. Speaking later of that visit Princess Louise said: "In 1883 it was the brightest Home I ever saw." Canon Hague paid a magnificent tribute to the suffering inmates, who, he said, possessed "invincible patience and marvelous faith," and also to the nurses, "the greatest representatives of their sex." "Nursing," quoted Canon Hague, "is the finest of fine arts." There appeared some years ago, the speaker stated, a book called "How to Be Happy Though Married." In the Home for Incurables another book might easily be written telling how to be happy though married to suffering; how to live cheerfully and how to die victoriously.

The closing address was given by Mr. Ambrose Kent, who for twenty-five years has been Chairman of the board. Speaking of the finances of the home, Mr. Kent reported a deficit of $36,000 just one year ago. Through the kindness of friends, and the aid of the City Council and the Ontario Government, however, this debt had been reduced to a minimum. At present the financial status of the institution is extremely good, and the buildings are entirely free of debt. A workshop for the blind patients was started during the last year, and much progress was made by the blind in the art of basket-weaving.

Illustrating how interest increases in the home when a few visits have been made, Mr. Kent told of a painter who was engaged to do some work. He came, a stranger, performed his task, but grew so interested that he now makes a visit to the home every week just to "touch things up." These touches are given free of cost, and the same man has offered to keep the dining-room in perfect order, so far as painting and decorating are concerned. Mr. Kent also read extracts from letters received from patients testifying to the comfort and kindness dispensed there.

The following constitute the Board of Managers for the ensuing year:

Mrs. Grant Macdonald, Miss Mortimer Clark, Mrs. G. R. Baker, Mrs. J. P. Balfour, Mrs. A. Cowan, Mrs. William Davidson, Mrs. S. L. Fountain, Mrs. A. Foy, Lady Hearst, Mrs. Stewart Houston, Mrs. Ambrose Kent, Mrs. Lauder, Miss Effie

Michie, Mrs. Hugh MacMath, Miss J. M. McGee, Mrs. S. H. Thompson, Mr. Ambrose Kent, Dr. W. H. B. Aikins, Mr. W. A. Baird, Rev. Canon Bryan, Mr. John Firstbrook, Col. Alex. Fraser, Rev. A. Logan Geggie, Mr. S. B. Gundy, Ven. Archdeacon Ingles, Mr. W. G. Kent, Dr. Edmund E. King, Mr. E. J. Lennox, Mr. John Macdonald, Lt.-Col. Noel Marshall, Mr. R. Millichamp, Mr. J. O. McCarthy, Rev. Dr. Young, his Worship the Mayor.

HILLCREST CONVALESCENT HOME

The uses of the convalescent home were considered from many angles at the annual meeting of the Board of Management of the Hillcrest Convalescent Home, held at 1275 Bathurst St., on November 7th, with the President, Mrs. G. H. Gooderham, in the chair. The report of the Secretary, Mrs. A. W. Maclachlan, told of 151 patients admitted during the year, 147 discharged, and no deaths. Miss Watson, the Superintendent, said 168 patients, in all, had been cared for during the year. Of these 145 had come from the city, 15 from the province, and 8 were immigrants. The average stay per inmate was 46 5-7 days. The dormitory capacity for public patients is 14, and, with the private patients' accommodation, there are 44 beds.

The Treasurer, Mrs. S. G. Parker, reported receipts amounting to $11,661.87, the expenditures exactly balancing this amount.

Dr. Helen MacMurchy had many interesting things to say of the future of the convalescent home. The time is coming, she said, when large hospitals will have their own convalescent homes. Medical science is tending toward the shortening of the period of illness and hastening the convalescent period. At present hospitals often keep patients longer than they otherwise would, because it is whispered, "He hasn't any place to go." The expenses of hospitals might be lessened, too, if they had convalescent homes auxiliary to them.

Mrs. Dewey spoke of the need of the convalescent home, from the standpoint of the Burnside wing of the General Hospital. Here patients who are well enough to be discharged from actual hospital care are often not well enough to take up

any duties, but really need a period of rest. Some are brought in also before they need hospital care, because they need rest.

Miss Gunn told of a charitable organization in New York which had its own convalescent home for maternity cases.

Miss Flaws said the rich and the poor were better provided for than the great middle class, to whom it was a hardship to pay $25 or $35 or $40 a week in a hospital. Hospitals also, she said, had sometimes to refuse cases in acute need of hospital care, because of people who were staying on because they needed rest, or for some reason or other it was not convenient to go home. More room would have to be made in the hospitals in some way and the convalescent home seemed a feasible way.

SICK CHILDREN'S HOSPITAL NURSES' GRADUATION

Twenty-four young women received their diplomas and medals at the thirty-third annual graduating exercises of the Sick Children's Hospital. Sir Edmund Osler presided.

A most successful year was reported by Miss Florence J. Potts, superintendent of the hospital, who emphasized the need of the public taking a greater interest in the trained nurse. A suggestion also was made that some action be taken in securing more scholarships for the girls, not only for those in training, but those out of hospital, such as scholarships in the universities. Miss Potts also announced the fact that Dr. Allan Brown had offered a scholarship of $250 for the young woman who shows special interest and adaptability from a practical and theoretical standpoint in the department of pediatrics.

After a short address by Sir William Hearst, the presentation of scholarships took place. These were awarded by Mr. Irving Robertson, Dr. Allan Canfield presented special prizes, and Mrs. J. Strachan Johnson, diplomas and pins.

Among the young women who received special scholarships were Miss Hazel Elliott, Sudbury, and Miss Marguerite Forester, who received $50 in gold. Miss Jean McCraw, Toronto; Miss Vera Dennis and Miss Freda Dunkin received the $20

scholarships. Special prizes awarded to those taking the highest marks in their examinations were presented to Miss Nora Tillson, Miss Grace Knowlton, Miss Madeline Morrison, Miss Jean Miller and Miss Emmeline McAllister. Miss Constance Duncan received a special prize for second highest marks taken.

The following is a list of the young women who have graduated: Miss Eveline Autey, Newmarket; Miss Hazel Elliott, Sudbury; Miss Daisy Hopkins, Lindsay; Miss Grace Knowlton, Lindsay; Miss Beatrice Longstreet, Brantford; Miss May Leitch, Port Arthur; Miss Grace Miles, Fairmount; Miss Pearl McGinnis, Midland; Miss Madeline Morrison, Peterboro; Miss Edith Minty, Toronto; Miss Helen Needler, Milbrook; Miss Jean Oldham, Toronto; Miss Nora Killson, Bracebridge; Miss Ruth Copeland, Elmvale; Miss Marjory Forester, Newmarket; Miss Gertrude Humphrey, Scarboro; Miss Ida Jackson, Galt; Miss Wilma Low, Uxbridge; Miss Marguerite Kennedy, Tiverton; Miss Emmiline McAllister, Guelph; Miss Jean Miller, Orillia; Miss Eunice Rowatt, Sudbury; Miss Gladys Smith, Milbrook; Miss Lilla Winter, St. John, Nfld.

AN UP-TO-DATE HOSPITAL FOR RIVERDALE

The proposal of a large and up-to-date city hospital for the people east of the Don was brought forward once more with considerable emphasis and potency of argument at the meeting of the North Riverdale Ratepayers' Association held in Franklin school, Logan avenue, on November 4th.

"With a population larger than that of the city of Hamilton, and comprising one-fourth of the total population of Toronto, the east end district has not so much as a private hospital," declared Dr. E. A. McDonald, who presided. A number of other Riverdale medical men were present, indicating the strength of opinion among responsible residents of that portion of the city.

"If the hospital were built, there would be no deficit by the end of the first year, so great would be the number of patients," was the view of Dr. Burns.

Not a few prominent business men and residents spoke on

behalf of the project, and it was accordingly decided to write at once to the City Council, urging the erection of a suitable hospital on one of four sites recommended, and to secure the pledged support of every future candidate for the municipal elections for the scheme. Ald. R. Honeyford was among those who endorsed the scheme.

Among other speakers were Mr. A. J. Smith, J. O. McCarthy, Sergt.-Major MacNamara, D.C.M., M.P.P., and Ald. W. W. Hiltz.

WOMEN'S COLLEGE HOSPITAL REPORT SPLENDID YEAR

SPLENDID reports which were submitted at the annual meeting of the Women's College Hospital, which was held on November 5th, told of a most successful year. Mrs. A. O. Rutherford presided, and Rev. Wilson, of Dovercourt Presbyterian Church, conducted the devotional exercises.

In her report of the year's work, Mrs. H. M. Bowman, superintendent, told of 37 patients in hospital at the close of their year in September, 1918, and 848 patients admitted during the year, also 248 births, making a total of 1,127 patients treated this year. There were 26 deaths recorded and 52 patients remaining in hospital at the end of the hospital year. The average stay of each patient was 14.2 days and the collective pay of adults and infants during the year amounted to $13,793.

Of the patients received in the hospital, 1,007 came from the city, 30 from the County of York, 30 from other counties in the province, 10 from the United States and 50 or more immigrants. Over 657 operations were performed and excellent work carried on in the outdoor department.

Miss S. Warriner, the secretary, told of the installation of an X-ray department at a cost of $5,000, the gift of Mrs. William Davies. Dr. Elizabeth Stewart, who is now taking a special course in New York, will be in charge of this department. She also reported that this hospital was dropped from

the financial membership of the Community Service, but during the time they were affiliated $1,650 were received.

In the treasurer's report, Miss Lowry told of receipts in the maintenance fund of $33,783, disbursements $33,149, and a balance of $634. The building fund received $42,338, the expenditures were $35,155, and a balance on hand of $7,083 which included the $5,000 donation from Mrs. Davies.

HOSPITAL FOR INCURABLE CHILDREN

THOSE who attended, on November 7th, the twentieth annual meeting of the Hospital for Incurable Children, found at that institution a bevy of bairns so happy, so winsome and so friendly, that it was hard, indeed, to realize that any such sad word as "incurable" was connected with them.

After the opening devotions, conducted by Rev. J. B. Paulin, reports were received. Mrs. R. A. Donald read the report of the Secretary, Mrs. G. Tower Fergusson, who gave delightful glimpses of the daily life of the children in the home, and told of the many happy outings they had received from the numerous friends of the institution.

The Treasurer's report stated that receipts for the year had amounted to $13,415.52, and that expenditures, owing to the high cost of necessities, had exceeded the income.

Dr. R. H. Fleming presented the medical report. The health of the children had been, on the whole, remarkably good. The "flu," which swept through the institution last February, had been of a mild type, and all had made a good recovery. During the year there were two deaths, and six had been discharged. The number of inmates at present is 24. Dr. Fleming paid a tribute to the superintendent and nurses, to whose unswerving loyalty the home owes so much.

Mr. Harry D. Gamble, in moving the adoption of the reports, pronounced the children of the home a "happy bunch," and declared the nurses to be "affectionate, gentle and patient." Warm appreciation was also expressed of the present superintendent, Miss Fleming, and the past supervisor, Miss Underhill. Mr. Gamble advocated giving the home greater publicity in

order that more might have the privilege of contributing to its support.

The chief address was delivered by Rev. G. C. Pidgeon, who spoke of the work done in the home and similar institutions as being a "great factor in the religious life of the city." He referred also to the "patient care of administration," upon which the success of any institution so much depends, and emphasized the thought that all this loving service was given to those who cannot now, and may never, contribute anything to the affairs of the world. It is a work for the soul and one prompted by limitless pity.

Mr. Philip Jackson, while moving the election of the Advisory Board, stated that though the children were incurable, they were not always incapable. He cited the case of one girl who has learned stenography, and is now able to do the work that is brought to her. While incurable, this patient is capable of earning a little, and of contributing a share to the world of work.

Mr. Edwin Dickie, in a brief address, spoke of the necessity of trying to secure further Government support. At present the grant is very meagre, and out of the 24 inmates now in the home, 13 come from municipalities outside of Toronto.

The officers for the ensuing year are: Hon. President, Mrs. H. Hough; President, Miss Dewar; Vice-Presidents, Miss Rogers, Miss McLay; Treasurers, Miss Maria Buchan, Miss Winifred Freeland; Secretaries, Mrs. Donald, Mrs. Osler; Superintendent, Miss C. Fleming.

The chair was occupied by Mr. G. Tower Fergusson, and following the meeting tea was served.

GOOD YEAR REPORTED BY NURSING MISSION

The thirty-third annual meeting of the Nursing Mission was held on November 14th, at the headquarters, Beverley Street. Encouraging reports were received and bright addresses were given by the Chairman, Rev. R. J. Moore, and by Dr. Stenhouse, Medical Superintendent for the Mission.

The Superintendent, Miss Elizabeth M. Lindsay, reported

870 patients nursed during the past year, and 5,690 visits paid. The women patients numbered 703 and among the obstetrical cases not one mother had died. The doctors engaging help from the mission numbered 183, and the immense amount of work done was covered by ten nurses.

The Treasurer reported that receipts of $4,365.75 and a balance on hand of $79.84. The mission is supported entirely by voluntary and unsolicited gifts, together with what small "thank-offerings" patients may be able to contribute.

Among the organizations contributing garments during the year were the Ladies' Patriotic League, Beulah Hall Sewing Circle, the Needlework Guild and the Eaton Memorial Church. Several business firms were also generous with their donations of comforts.

Officers for 1919-20 were: Hon. President, Mrs. Sutherland Stayner (in whose drawing-room the mission was founded 33 years ago); Hon. Solicitor, W. H. Lockhart Gordon; Medical Superintendent, Dr. Stenhouse; President, Miss Snively; First Vice-President, Mrs. Lockhart Gordon; Second Vice-President, Mrs. Rowat; Treasurer, Mrs. Ramsay; Recording Secretary, Miss Scott; Corresponding and Donation Secretary, Mrs. Hood; Patients' Secretary, Mrs. Roger Graham; House Committee, Mrs. Robertson, Mrs. Goad, Mrs. Stayner; Supervisor of Training, Mrs. Burland.

AUXILIARY IN CONNECTION WITH GRACE HOSPITAL

A LARGE and representative meeting of the wives of the Board of Governors and staff of Grace Hospital was held in the Gage Institute, College Street, on November 14th, at which an auxiliary was organized, to be known as Grace Hospital Ladies' Auxiliary. The following officers were appointed: Honorary President, Mrs. W. H. Harris; President, Mrs. C. J. Currie; First Vice-President, Mrs. C. A. Warren; Second Vice-President, Mrs. C. H. Gilmour; Secretary, Mrs. H. R. Holme; Treasurer, Mrs. R. C. Griffith; Supply Committee, Mrs. W. H. Harris, Mrs. W. A. Cerswell, Mrs. H. C. Wales, Mrs. C. S.

Hawkins, Mrs. R. A. Thomas; Executive, Mrs. Mortimer Lyon, Mrs. H. M. Bowen, Mrs. F. A. Cleland, Mrs. E. B. Hardy, Mrs. J. H. McConnell; Patronesses, Lady Pellatt, Mrs. R. B. Hamilton, Mrs. J. E. Atkinson, Mrs. A. G. Peuchen, Mrs. E. R. Wood.

FEEBLE-MINDED NEED IMMEDIATE RELIEF

That the feeble-minded of America must be cared for and public institutions provided for them in the near future in order to safeguard the public interests, was the opinion of Mr. Edward T. Devine, of the New York School of Social Work, in his address on "Social Work in America" at the Mining Building of the Toronto University on November 5th.

Mr. Devine said: "I do not know much about this problem in Canada, except that no provision has been made to look after the feeble-minded. Your statistics are not anything like as startling as those in the United States, but you will realize the need of immediate action.

"In the United States a recent census revealed the fact that we have 46,000 feeble-minded in the States. Some 18,000 of this number should be placed in institutions, yet to-day we have only 1,500 of them being cared for.

"Another vital problem which must be dealt with is child labor. It must be abolished during the adolescent years. Children between the age of 14 and 18 do not belong to industry, but to education. During these years the mind of every child is in its most plastic state and the child can learn easily. Their constitutions, however, cannot stand the strain of going into industry and studying at night also, and our educational system must be considered first. Illiteracy must be abolished. There is no reason in Canada or the United States why we should have illiterate citizens. The war has shown us that this evil does exist and is much worse than we ever dreamed. When the United States army was mobilized, it was found that from 20 to 40 per cent. in the army could neither read a newspaper nor write a letter home. Of course,

we have a great many negroes and immigrants, but even at that there is no excuse for such a condition existing.

" Another thing which must be looked into is the question of physical defects. We must have physical inspection, not only in our schools, but in our industrial world. Thousands of cases, if discovered in infancy or in early childhood, could be rectified if they were discovered in time. As evidence of how the standard of a nation can be lowered through this inspection being neglected there were 33 1-3 per cent. of our soldiers disqualified for service when they were examined owing to physical defects, and I might say that the percentage would almost touch the fifty mark if all the cases were numbered of men who could not stand the hardship of trench life.

" Our county jails must also be transformed. They should not be maintained to keep those convicted of crime in seclusion. The English system should be inaugurated in America and let all convicts be dealt with by the State. All criminals should be examined morally, physically, and mentally, and if teachable they should be put in an educational institution where they are taught to be good, useful citizens. Through establishing examining institutions, also a series of educational institutions and hospitals, I feel confident in time that we could develop an ideal system of caring for our criminals which in time will help to eliminate a great deal of the crime which is perpetrated today."

Mr. Devine also dealt with the present, past, and future, and gave an account of the fundamental institution and the development of social work in America.

TEMPORARY ISOLATION HOSPITAL TO BE ERECTED

A TEMPORARY isolation hospital will be erected in the hospital ground at Brantford to care for diphtheria patients, of whom there are frequently so many that there is not sufficient hospital accommodation. In January it is expected a by-law will be submitted to the ratepayers calling for a vote of $25,000 to erect a new hospital, the present one being out of date and inadequate.

WESTON SANATORIUM CLUB

The annual meeting of the Weston Sanatorium Club was held a few weeks ago in the High Park Presbyterian Sunday school. The following officers were elected: Hon. Pres., Mrs. R. W. Prittie; President, Mrs. Thomas Bowes; First Vice-President, Mrs. R. J. Parker; Second Vice-President, Mrs. W. T. Tarbox; Secretary, Mrs. W. J. Lougheed; Treasurer, Mrs. Geo. Wright; Stockkeeper, Mrs. Thos. Leeming; Purchaser, Mrs. T. W. Capp, and Programme Convener, Mrs. W. A. Madden. Plans were taken up for a Christmas treat for the children in the Queen Mary Hospital, Weston. Reports showed that 300 garments had been made during the year and the treasurer announced that by voluntary subscription $155 had been collected.

MEMORIAL HOSPITAL FOR CITY AND COUNTY

At an enthusiastic meeting of medical men and other prominent citizens of St. Thomas and surrounding country on November 12th, arrangements were made for launching a vigorous educational campaign next week in behalf of a general hospital for the city and county. Prominent speakers have offered their services, and the entire district will be thoroughly stumped, to be followed by an energetic drive for funds. Several generous subscriptions have already been promised, the largest being for $20,000.

ORPINGTON HOSPITAL SOLD TO MINISTRY OF PENSIONS

The Ontario Hospital at Orpington, near London, was, a few weeks ago, sold to the British Ministry of Pensions for $400,000. It will be used as a central depot for cripples and permanently wounded men of the Imperial army. The Ontario Government is also absolved from the lease obligations requiring conversion of the site to its original state, which means approximately an

additional fifty thousand dollars benefit on the transaction. The hospital was opened in 1916 with one thousand beds, the accommodation being doubled a year later. Col. MacPherson, of Toronto, was commandant from the start to finish, Orpington being the last Canadian general hospital to close.

TRAINING NURSES ALL OVER THE WORLD

CHILD-WELFARE work, a fight against tuberculosis, and the training of competent nurses all over the world, were the principal items emphasized by Lieut.-General Sir David Henderson, K.C.B., D.S.O., Director-General of the International Red Cross, at a meeting held in the King Edward Hotel, on November 20th. He spoke of the establishment by the Red Cross of bureaus for these purposes at Geneva, Switzerland, where information regarding them would be collected and given out again to the various nations of the league.

In explaining his work in the Red Cross he told of the original objects for which the peace-time propaganda of the International Red Cross was organized in Geneva, Switzerland, last April, when Britain, France, America, Japan and Italy realized the necessity of an after-the-war propaganda. These countries drew up a tentative programme for work in peace. They invited representatives from each country to draw up a final programme, which was passed on in Geneva last April. The principal objects are:

1. Endeavor to promote Red Cross work all over the world, to help the weaker organizations.

2. To form a central office to collect all information possible about public welfare and health communities and send it out to countries all over the world.

3. To form a central body for relief in disasters which can't be dealt with by local societies.

In reviewing the objects, he stated that the second was the most important. In this he spoke of the Bureau of Child Welfare. "There is no question but that in every country in the world the necessity for many nations in trying to preserve the life and health of children is becoming more apparent," he said.

A special International Bureau with headquarters in Geneva is being organized to combat tuberculosis, which has made tremendous strides during and since the war, where any society can get all the information they want.

"Another bureau we are establishing, is a bureau to give up-to-date information to those nations who don't have it."

VICTORIAN ORDER OF NURSES

The V. O. N.'s are all qualified nurses. They attend the sick poor in their homes, giving special care to maternity cases. They attend families with small incomes at a very low cost. They do hourly nursing and do not reside in the homes. No charge is made to those unable to pay. The report of the Order for 1918 has been distributed. Of the 12,195 births in Toronto during the year, the V. O. N.'s attended 1,400. According to the City Medical Health Officer, they gave valuable assistance during the "flu." epidemic. Two Ford cars have been brought into requisition, by which means they have doubled their visits —35,739 were made during the year. Salaries have been increased. Receipts from all sources were $30,948.55; disbursements, $31,869.52. 700 citizens have contributed to the maintenance of the Order.

PORT HOPE NURSES' GRADUATION

The production of a nurse who is worthy of her title is an accomplishment that counts at all times. In pre-war times it met with acclaim; during the world-crisis it was poignantly important, and now, when the care of the martially sick and wounded has made untold demands on the nursing ranks, it is a matter for self-congratulation on the part of any district to hand out diplomas to full-fledged nurses schooled for their career within its boundaries. In which spirit, the recent graduation of five nurses from the Port Hope Hospital, novices recruited from the district and trained by the unusually gifted superintendent, Miss Elliott, became a formality so alive that it amounted to a festive celebration.

The Opera House, rendered attractive for the occasion, was the scene of the graduation exercises. The five young graduates, Miss Ball, Miss St. Amand, Miss Gaynor, Miss Willan and Miss Jones, blushing beneath the dignity of the black band on their bonnets, in spotless white, and with bud-roses fastened in their belts to match their faces, garlanded the stage with their superior, Miss Elliott, and the excusably envious juniors of the school. Mrs. Edgar, president of the Woman's Hospital Mission and vice-president of the Hospital Board, was also a noteworthy figure on the platform and officiated in the course of the evening at the presentation of medals and a thermometer and case to each of the five graduates.

A foil to that bevy of feminity was the sombre attire of local dignitaries, Mr. Thurber, president of the Hospital Board; Judge Ward, Mr. Henry White and others, whose dullness was graciously limited to their garb, their speeches being lighted by a rare enthusiasm, the result of nearly all of the number having experienced in person the professional ministrations of the young ladies to whom they were doing honor.

The hospital history from its inception in 1913, when less than a dozen beds constituted its size, to its present capacity for twenty-five patients, in a fine new building, planned with a view to future addition, was reviewed succinctly, and prospect for further extension briefly outlined. The highest tribute was paid to Miss Elliott, both as head of the institution and as educator of nurses, and lovely bouquets of crysanthemums and roses substantiated the spoken appreciation, presented by the hand of little Miss Katherine Wickett. Mention was made of the co-operation with the superintendent's endeavors on the part of the various physicians of the town who had given courses of lectures during the term, and of Miss Breden, whose classes in dietetics had been of very appreciable assistance. The diplomas presented were gracefully received by the graduating group, as was also the praise of nurses in the abstract, as rendered by Father O'Sullivan in the poem composed by himself. The programme was further enlivened with suitable music.

Subsequently an enjoyable reception was held by Miss Elliott and staff at the nurse residence. A large number of the hospital's friends attended.

NEW HOSPITAL FOR SMALLPOX

The new smallpox hospital at the pavilion of the old General Hospital was opened on December 5th. There were on that date thirty-five cases in isolation there.

The Board of Health had received up till December 5th reports of 994 cases, out of which 470 had been discharged.

Dr. Hastings, M.O.H., said that all principals of educational institutions had been instructed to comply with the vaccination act by expelling children from school on the following Monday, December 8th, who had not been vaccinated.

THE ALBERTA HOSPITAL ASSOCIATION

In our last issue we published the programme of the recent splendid meeting of the Alberta Hospital Association. The meeting, both in point of number present and programme carried out, was a distinct success. Fifty-one delegates, and in all, 99 persons, registered, the latter number not including the commercial exhibitors. The chief aim was to approach the Government of the Province of Alberta with some uniform representation from the hospitals of the Province, in order to get an increase in the present grant of twenty-five cents per diem, which, given eight years ago, is naturally of considerably less value now. The Association expects to at once deputize the Minister of Public Health with, it is hoped, considerable prospect of success.

Aside from this feature of the Convention the next most outstanding one lay in the fact that the need in all departments of hospital life for close affiliation with the University was strongly emphasized.

The University of Alberta, during the meeting, made things very easy for the Association by allowing it the use of the Convocation Hall, free of charge, for meetings and exhibits. There was, quite independent of this fact, a clearly defined tendency current among speakers and audience, to group about the University when and wherever feasible in hospital work. The Round Table Conference was a great success, and in the

words of Dr. Fisher, who had just returned from Cincinnati, quite the equal in questions and answers to the one held in that city by the American Hospital Association. The S.C.R. and the Red Cross were both ably represented and the commercial exhibits, when one considers the geographical position of Edmonton and the rail haul involved, were remarkably good. The officers for the first year of the Association are: The Rev. J. E. Murrell-Wright, of Lethbridge, Chairman; Dr. A. E. Archer, of Lamont, Vice Chairman; Dr. J. C. Fyshe, Edmonton, Secretary-Treasurer, and the following—an Executive Committee of four, viz.: Dr. A. Fisher, of Calgary; Dr. G. W. Stanley, M.L.A., Calgary; Dean Kerr, of the University of Alberta, and Miss Victoria Winslow, of Medicine Hat.

COMMUNITY HOSPITAL

Medical men, particularly in small towns, have suffered from the lack of co-operation. There may be in a town four, five, or eight or ten good doctors, one or two of whom have had good surgical training; another may be a good diagnostician, while another is better fitted for laboratory work; but because they have not pulled together, none of them have done the thorough and scientific work of which they are capable. As a result, when their good-paying patrons needed expert medical and surgical attendance, they have been sent to the cities for diagnosis and treatment. The medical men who have served in the army have seen as good surgery in tents, shacks, or in residences converted into temporary hospitals, as they have in the finest surgical amphitheatre in the great medical centres. They have not only seen as good work done, but many who never had the opportunity of doing surgery before have been trained in surgical technic by association with the masters in surgery who have been in France, and have learned that they can perform the major operations as well as their teachers.

When these men go home, they will form into clinical groups, they will build up and equip inexpensive hospitals, they will take post-graduate courses in the line of work in which

they are best prepared to specialize, and they will be prepared to give their patrons as good medical and surgical attention as they could get in the larger cities. They will be more thorough and accurate in their work. For instance, the diagnosis of appendicitis will be made earlier and operated upon in the village hospital without submitting the acute appendix cases to the dangers of delay and travel that have cost many a life.—*Medical Brief.*

HOSPITAL STANDARDIZATION

At the recent meeting of the American College of Surgeons Dr. M. T. MacEachern gave a very interesting paper on Hospital Standardization as applied in the Vancouver General Hospital. This hospital for years past has paid particular attention to this subject and has greatly developed its medical record system. Being a very large general hospital there is opportunity for studying all branches of medical and surgical work. A medical man, Dr. T. R. Ponton, is in charge of the Medical Records Department, as director, and with the help of the staff has organized a system of case recording which is applicable to every branch of hospital work. A book is being prepared covering the whole record question, and going into details of the Vancouver General Hospital system. This, it is expected, will be published in January.

Very closely connected with case recording is the nomenclature of disease. It seems as if a scientific nomenclature is impossible, and none of the systems now in use by various hospitals seem to be entirely satisfactory. They are either cumbersome or inadequate. Having in view the needs of a General Hospital, the Director of Medical Records of the Vancouver General Hospital has been working for months on a nomenclature for hospital use. It is being used in the Vancouver General Hospital Records Department, and when it has proved satisfactory it will be published as a companion book to the one on Case Records.

NURSES AS ANESTHETISTS

A QUESTION has arisen in New York as to the employment of nurses as anesthetists. Mr. James Taylor Lewis, counsel for the State Medical Society, urges the restriction of the administration of anesthetics to licensed physicians and the exclusion of nurses from doing such work during surgical operations.

Mr. Lewis cited the law which prohibits any one without a doctor's license from giving ether, or chloroform, or other poisonous gas to a patient, except when directly and continuously supervised by a physician, and he held that criminal action should be brought to prevent the continuation of this practice in certain hospitals, as not only was the law being violated, but life was endangered.

If it could be shown that nurses, after special training, were competent to administer anesthetics, then, he contended, the law would have to be changed so as to give the nurse the right to do the work under the proper restrictions.

Mr. Lewis recently read a paper on this subject before the Society of Anesthetics.

THE SASKATCHEWAN RED CROSS

THE Saskatchewan Red Cross is now taking steps to establish peace time medical and nursing services, and outlined its policy which is expressed in six valuable suggestions presented at the recent meeting of the Dominion Red Cross in Winnipeg, all of which were approved. The recommendations of the Canadian Nurses' Association to the headquarters of the Red Cross Society, and the suggestions of the Alberta and Manitoba branches of the Red Cross Society, were carefully read and discussed. It was urged that the provincial branch of the Red Cross Society should offer scholarships, open to girls of matriculation standing, of the sum of $75 each, to be given during the first year of their training only.

THE *Manitoba Gazette* announces the appointment of Dr. C. J. Hossack as pathologist for the Selkirk Hospital for the insane.

Book Reviews

The Battle Nobody Saw, and other Sermons. By Byron H. Stauffer. Toronto: William Briggs, 1919.

Many medical men do not have the time (nor some the inclination) to go to church, read their Bible (like they used to), nor to say their prayers. Here is a book for such. These sermons are unique and very readable. Left on the mantelpiece or within reach, a busy, or even a tired, doctor, will reach up for it, and in ten minutes read one of these interesting discourses. Stauffer used to be a reporter in Buffalo, and knows the seamy side of life. His style, though somewhat crude, is racy, thought and mirth provoking. In his menu he has not forgotten the *hors d'oeuvres.* During the past few years the author has preached to full houses in Toronto, San Francisco, and Winnipeg; while many scholarly divines have preached at nodding handfuls. Read this book and you will know why.

Canada's Sons and Great Britain's in the World War. A complete and authentic history of the commanding part played by Canada and the British Empire in the World's Greatest War. By Col. George G. Nasmith, C.M.G., Canadian Expeditionary Force; author of "On the Fringe of the Great Fight." With an introduction by General Sir Arthur Currie, K.C.B., K.C.M.G., Commander of the Canadian Army Corps. Illustrated with reproductions from the official photographs of the Canadian and British Governments. The John C. Winston Co., Limited, Toronto.

This is a record of the Great War by a man who was on the spot and who did big things in the way of sanitation for the Canadian and British Army. Few medical men had time to read the particulars of the great battles when they occurred; and the newspaper accounts are now no longer available. Here, in a tidy book of over 600 pages, nicely illustrated, is the complete story, straightforwardly and interestingly told. We must congratulate Dr. Nasmith on this permanent record of wondrous events, in which the British soldiers from all parts of the world covered themselves with imperishable glory.

A Manual of Exercises for the Correction of Speech Disorders. By May Kirk Scripture, B.A., and Eugene Jackson, B.A. Illustrated. Philadelphia: F. A. Davis Co., publishers. English Depot: Stanley Phillips, London. 1919.

This publication is a manual of exercises, these being the result of thorough experimentation with both private and clinical dispensary patients subject to speech defects. The exercises are simple, graded, well classified and suitable for pupils of practically every age. Throughout the book minute instructions are given as to the carrying out properly of each exercise. For those undertaking the correction of speech defects this volume is recommended as being one of undoubted value.

LABORATORY SPECIMENS

How to Get Prompt Service.

The following circular letter was recently issued by the Ontario Provincial Board of Health:

"Following holidays, Saturday afternoons and Sundays, the Board has occasional complaints from physicians that reports upon specimens sent to our laboratories are not sufficiently prompt. Upon investigation it is invariably found that the delay *is caused by non-delivery by the postal authorities.* In order to prevent such delays, the Board, after consultation with the postal authorities, who promise co-operation, advises that specimens (particularly such as diphtheria) upon which a prompt report is desirable, should be sent *as first-class matter with a Special Delivery stamp.* This will ensure prompt delivery and enable us to give an early report. The laboratories provide an adequate service on Sundays and holidays."

DIPTHHERIA ANTITOXIN FOR INTRAVENOUS USE

The Provincial Board of Health announces that it is ready to supply diluted antitoxin for intravenous use.

The antitoxin is put up in 5,000 unit syringes, and consists

of antitoxin which has been diluted one-half with sterile physiological salt solution. The actual dose of antitoxin in each syringe is 5,000 units.

It has been determined that antitoxin so diluted *is much less likely to cause severe reactions when given intravenously.*

The use of this antitoxin is recommended in cases of diphtheria which are not seen by the physician until the patient has been ill for several days; also in the early cases which appear to be acutely toxic. Laryngeal diphtheria which has gone unrecognized for several days may be treated with benefit with this antitoxin for intravenous infection.

STERILIZATION OF HYPODERMIC SYRINGES

Lysol	1.0 (min. xv)
Ether	8.0 (dr. ii)
Alcohol . . . . . to make	30.0 (oz. i)

This solution should be drawn up into the syringe, with the needle on, two or three times to half fill the barrel; the piston should then be fully withdrawn and the syringe well shaken for a few seconds. The fluid can be used over and over until it is very turbid and tends to black the finer needles. —*British Medical Journal.*

Dr. R. H. Storrs has been appointed superintendent of St. Paul's Hospital. Dr. Storrs has lived in Vancouver for the past twelve years as medical inspector of the local offices of the United States immigration service, and was assistant surgeon of the American public health service detailed to Vancouver. Among Vancouver medical men he is regarded as an exceptionally able practitioner.

Dr. George Stephens has been appointed by the board of trustees to be superintendent of the Winnipeg General Hospital. Dr. Stephens enlisted in 1915 for medical service in France and went overseas. He was appointed captain and has recently returned to the city. He is a member of the staff of the Soldiers' Civil Re-establishment as a nerve specialist.

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Pipes for the Prince

"Nothing could have been more suitable," said the Prince of Wales in accepting a case of pipes from the Veterans of Verdun, during his recent visit to Montreal.

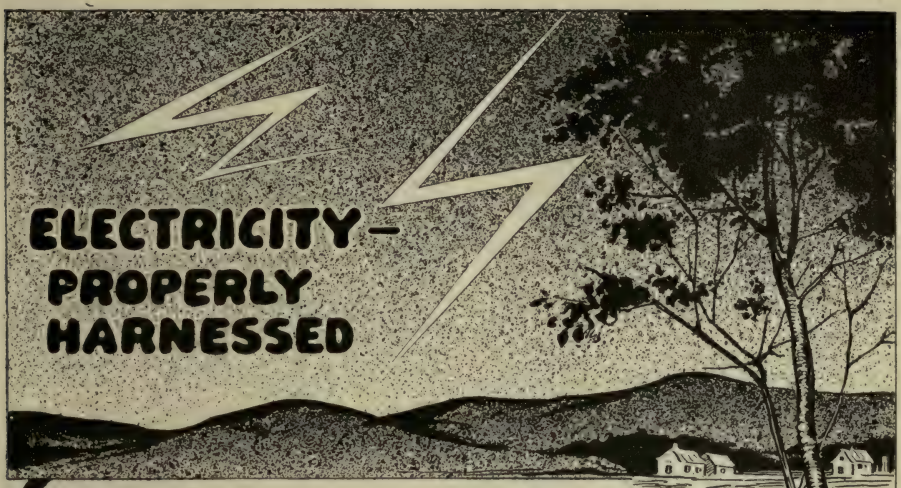
His Royal Highness is the soldiers' comrade, and the fact that he smokes a pipe has strengthened the bond of friendship. Now that he has returned home, one can imagine the Prince invoking the aid of tobacco to recall many pleasant memories of his visit to Canada. A pipe of tobacco is a wonderfully good influence.

Imperial Fire Extinguishers

No hospital superintendent questions for one moment the absolute necessity of a hospital being protected in every way from fire. During the past few years, fires with accompanying loss of life have occurred in hospitals here and there in Canada and which loss of life might have been avoided had the institution been protected more effectively by the installation of fire extinguishers. The attention of hospital superintendents is called to the "Imperial" fire extinguisher, manufactured by the Booth Coulter Co., Toronto. This equipment can be operated by anyone, as all that has to be done is to *turn it upside down* and it is at work immediately. They are quite inexpensive and should be installed in every floor of an institution. By so doing a fire can be extinguished before it gets a start and long before the fire brigade is on hand. Such an apparatus is infinitely preferable to a fire pail which at the best can only be handled by a strong man.

Pequot Sheets and Pillow Cases

It is a fact that no superintendent of nurses in any institution will deny, that one of the greatest sources of wear and tear is in the bedding, particularly sheets and pillow cases. This is, of course, more and more the case of recent years owing to the difficulty in securing the quality of goods procurable prior to the war. Superintendents of nurses and hospital purchasing agents should bear in mind in this connection one name—Pequot. It is the standard for hospitals, and sanatoria. No better sheeting or pillow casing can be procured.



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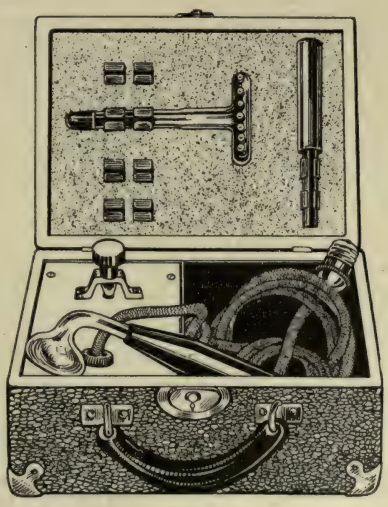
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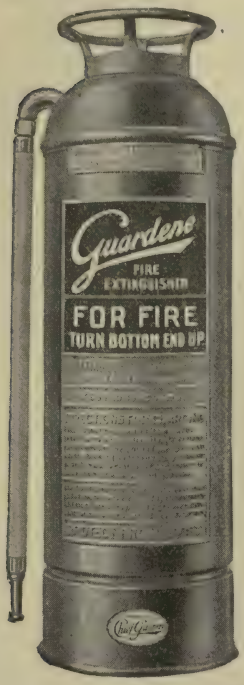
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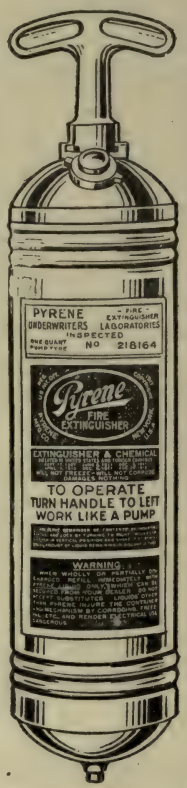
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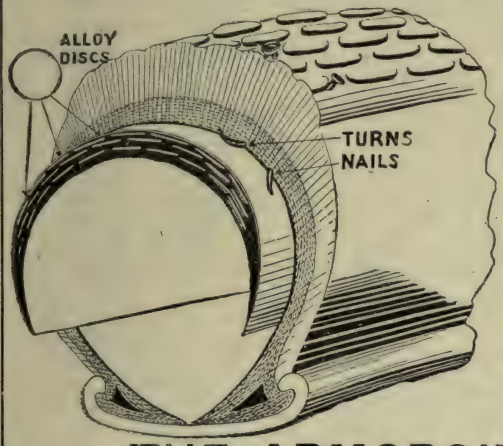
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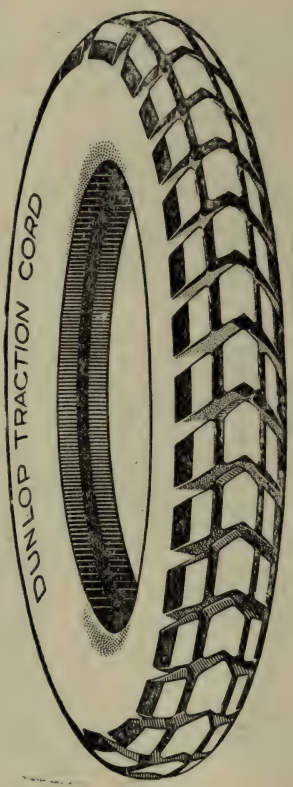
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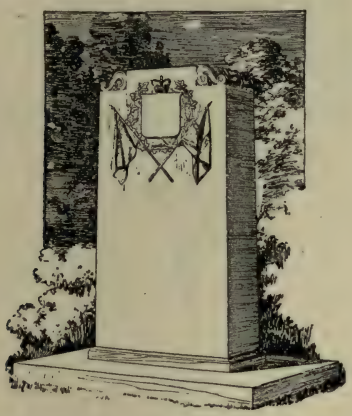
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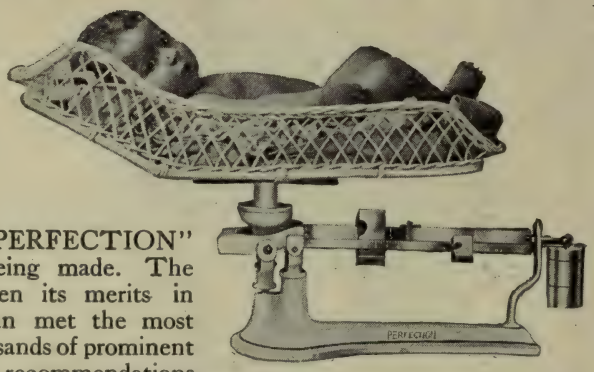
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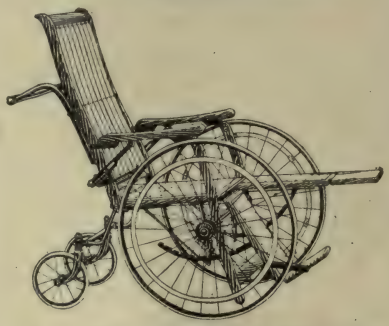
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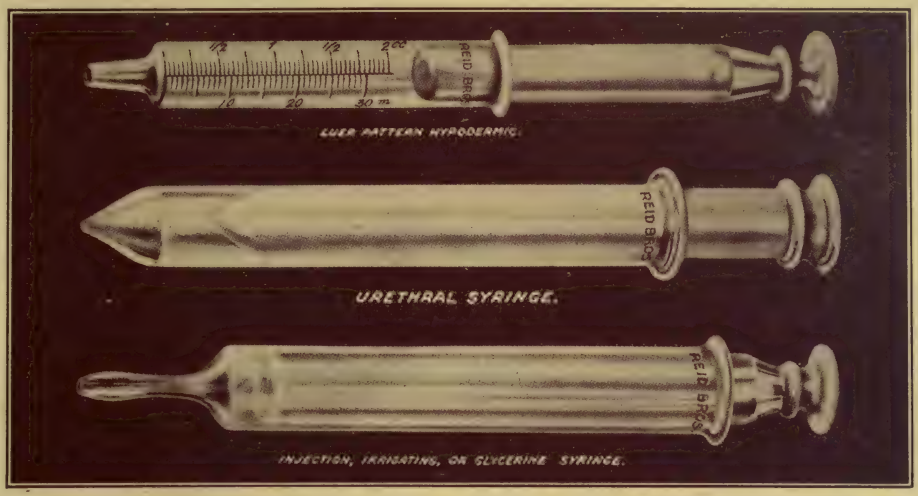
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Vol. XVII Toronto, February, 1920 No. 2

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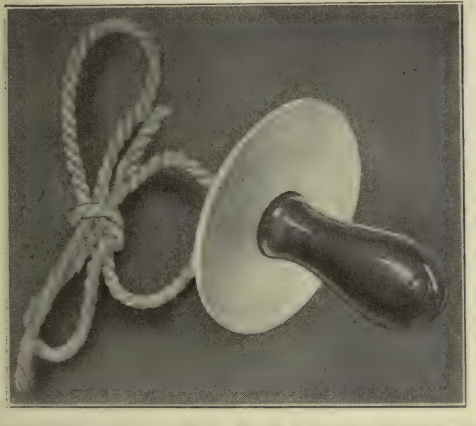
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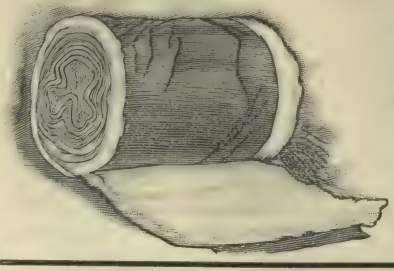
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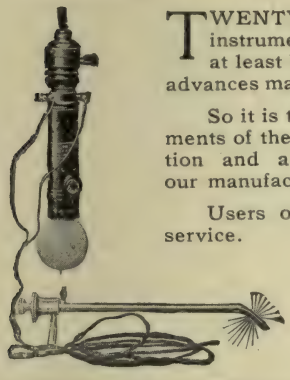
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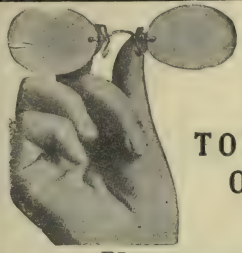
TWENTY years in the manufacture of electrically lighted surgical instruments, if it has not brought perfection in instrument construction at least has kept the Electro Surgical Instrument Company abreast of the advances made by leading specialists of the Medical and Surgical Profession.

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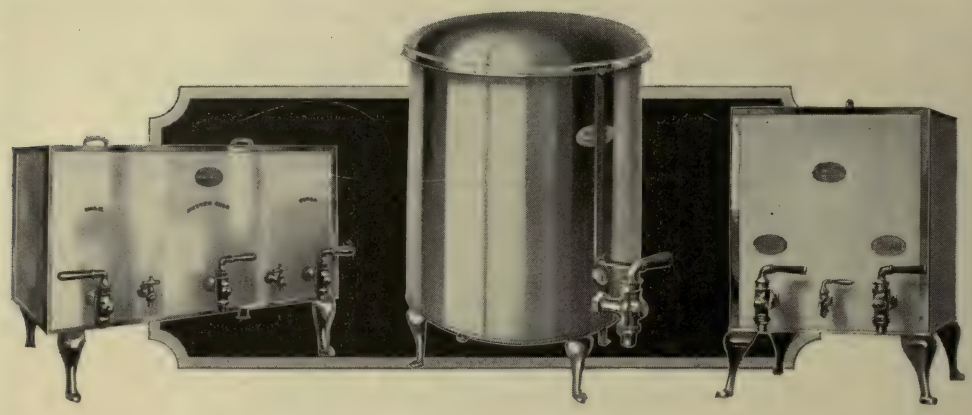
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In hospitals, above everything, sanitation and cleanliness are of paramount importance.

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When the physician orders Antiphlogistine applied warm and thick over the entire thoracic wall, the pneumonic patient is soon in a restful, natural sleep which often marks the beginning of convalescence

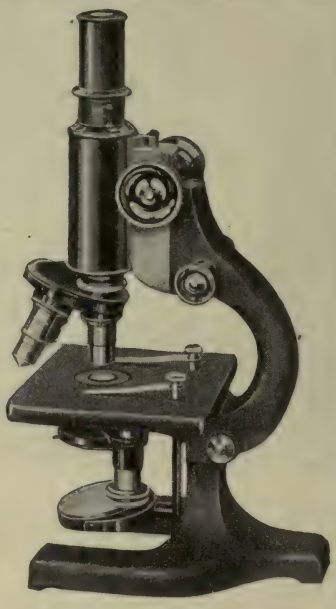
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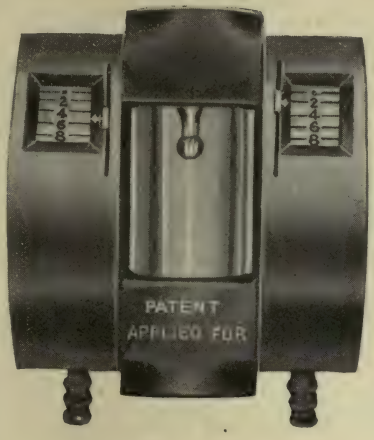
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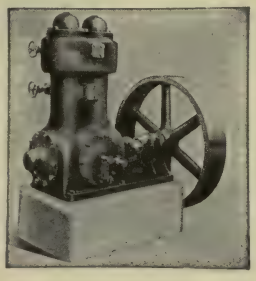
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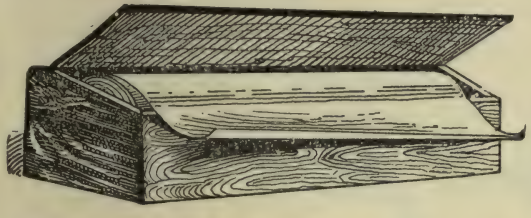
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By the use of **PARA-SANI WAXED PAPER**

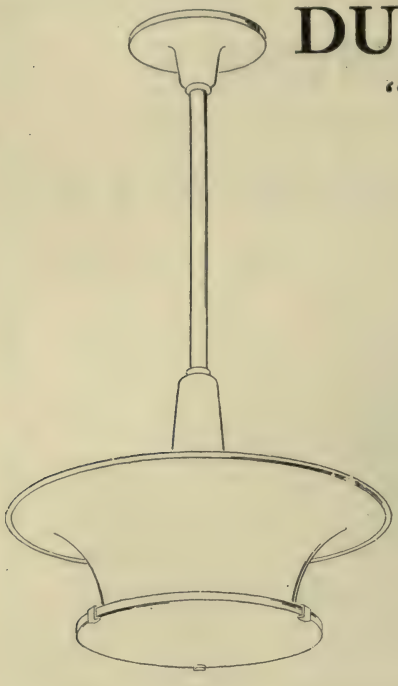
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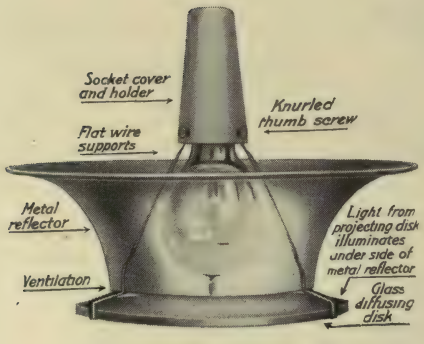
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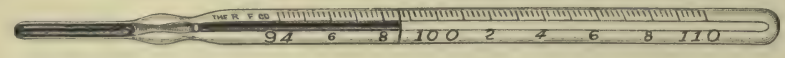
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The Value

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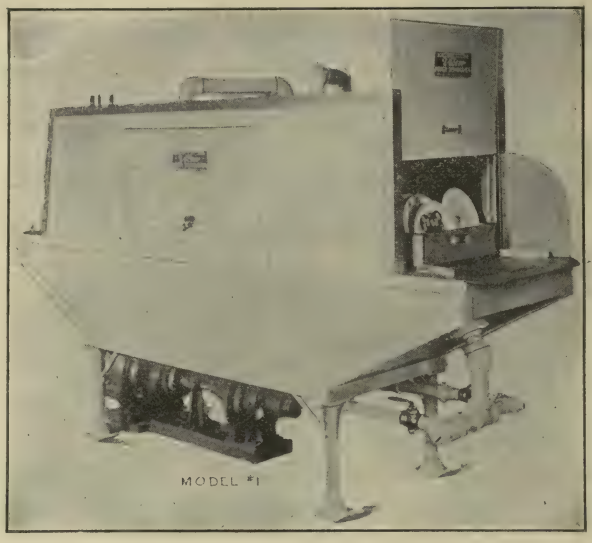
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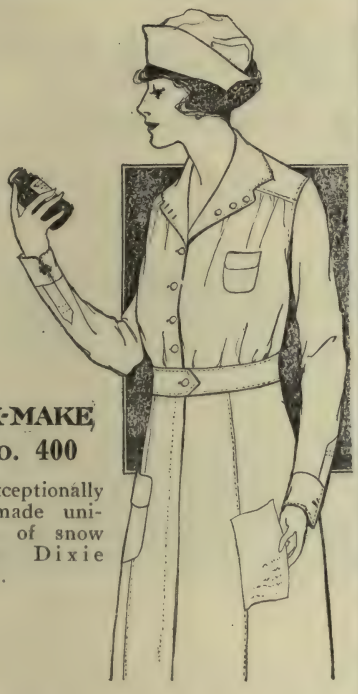
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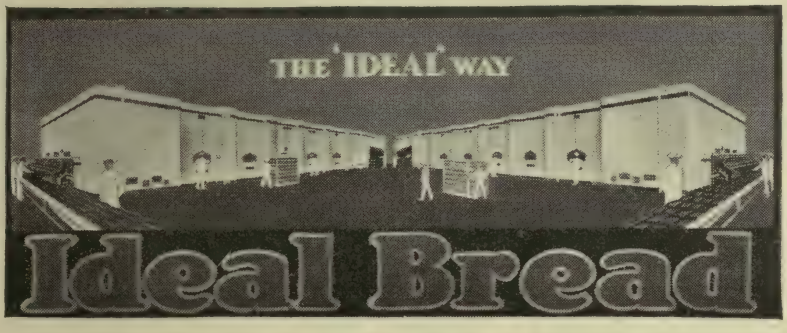
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The Hospital World

TORONTO, CANADA

A Journal published in the interests of Hospitals, Sanatoria, Asylums and Public Charitable Institutions throughout the British Empire

Vol. XVII. TORONTO, FEBRUARY, 1920 No. 2

Editorials

PSYCHOPATHIC HOSPITALS IN CANADA

In 1908, as a result of a steady bombardment kept up on the Hon. Mr. Hanna, who showed a deep interest in the question of improved treatment for the insane, a Commission consisting of the Hon. Dr. Willoughby, Dr. Edward Ryan, who had been appointed Superintendent of Rockwood Hospital, and Dr. C. K. Clarke, Superintendent of Toronto Hospital for the Insane, left for Europe where they visited nearly all of the up-to-date clinics and saw what was being done in various centres. The results of this investigation were published in an elaborate report which attracted a good deal of attention at the time, and at the next session of the Legislature a vote of $100,000 was passed to purchase a site and begin the work of erecting an institution modelled to a great extent on Kraepelin's celebrated Munich Clinic. As is usual in Ontario

the destructive critics began to attack the scheme and succeeded in blocking it so effectually, that Ontario, instead of being the first Province to adopt the Psychopathic Hospital idea, will, in all probability, be the last to commit itself to any reform so far reaching in its effects. In the meanwhile, the Americans stole our thunder, and the Phipps Institute at Baltimore, the Psychopathic Hospital at Boston and other institutions of similar character came into existence. Unfortunately, political exigency, professional jealousy and little Canadianism frequently form the three links of an oddfellow's emblem in Ontario, and as long as Provincial Governments insist in dealing directly through their lay officials in conducting the affairs of the insane little or no real progress will be made.

The recent developments in connection with the so-called Reception Hospital in Toronto show conclusively that politicians have little or no interest in things which cannot be classified as live politics, and until a broad-minded Welfare Commission is appointed—one that will be free from the taint of politics, Ontario will make little or no real progress in matters psychiatric. No one familiar with psychiatry hesitates a moment in saying that the Psychopathic Hospital is as much needed as a Hospital for Sick Children, a Lying In Hospital, or even a General Hospital. It has been almost useless to insist that governments are well advised when they undertake responsibilities which should be transferred to those who have only one end in view, and

that is the welfare of the patients. When this has to be compromised with the interests of a host of needy politicians the patients are undoubtedly the ones likely to suffer. It seems preposterous that the premier province of the Dominion has been so laggard. The old argument that the war has kept everything back has been worn to a frazzle, and yet in spite of the war some of the provinces have gone ahead, and Manitoba is to be credited with having established the first Psychopathic Hospital in Canada. This is merely a beginning though, and at an early date both Manitoba and British Columbia will adopt a plan of putting up such hospitals, establishing them on the most scientific basis.

Of course, there are those who feel that preventive medicine is practically useless in mental diseases, but, generally speaking, those who argue along these lines have acquired their knowledge of such diseases altogether in hospitals for the insane, and know little of the early conditions to be met with in out-patient clinics at general hospitals. It is probable that preventive medicine has no greater field for successful exploitation than that of mental diseases, and general medicine, of which after all psychiatry is simply a department, should wake to this fact. It should make as strenuous demands for the proper nursing and treatment of early cases as it does for such diseases as tuberculosis, and the diseases of children. The attitude of the profession, as well as that of the public, is wrong in these matters, and it seems almost impossible to wake the

conscience of the people in regard to them. Educating the public is weary work, when the subject belongs to the realm of medicine and physicians in general are not themselves interested, but none the less it is necessary to spread abroad enlightenment whenever possible.

In Ontario the U.F.O. Government has its opportunity to institute some wholesome reforms, and if it will only shake itself free from the non-professional clogs which have hampered hospital for the insane development for years it may accomplish much. Of course, the bogey of administrative efficiency has been the one to frighten timid parliamentarians who have not realized that while such efficiency is important it should be subservient to higher humanitarian aims. Sometimes a dollar saved by the practise of parsimony means hundreds of dollars lost in the long run. When it is said that the average chronic patient in hospital residence costs something like $5,000 to $7,000, the economy of prevention versus custodial care becomes one not difficult to illustrate. Let Canada wake up to its responsibilities in this matter.

THE NURSES' QUESTION

RECENTLY the Academy of Medicine took the above caption as the subject for a discussion, a report of which may be read in another column.

Ever since Florence Nightingale went to the Crimea and made a clean-up of the Scutari military

hospitals, which, under the care of doctors up to that time had gotten into a horrible mess, there has been more or less dichotomy between doctors and nurses on various points.

Per contra, there has developed a wonderful spirit of co-operation between the two professions and, in the main, the nurses are admirably loyal to the physicians who employ them. Occasionally a doctor is served badly by some of the overtrained and ultra-modern type, particularly if she is serving a medico of the old school.

Divisions arise also among nurses themselves. Up until the war there was a disposition on the part of the many of the leading nurses in America to disparage the training of short-term nurses; such women were not worthy to be called by the name. (They might be called attendants.) No one but a two-year college girl with a three-year training was eligible to enter the professional nursing ranks. Many advocates of this high standard were graduates of two-year schools. It was felt, however, by many nurses, the average doctor and the public generally that for the 90 per cent. of the sick people who cannot go to hospitals—for various reasons—nurses who have not attained this high standard ought to be available for nursing the members of the great mass of people who, being only moderately well off, cannot afford to pay the price demanded by the highly trained nurse. So it has come about that efforts are being made to supply

cheaper nursing to the middle-class people. And the solution of this problem has been worked out best, perhaps, by Mr. Richard Bradley, a prominent layman of Boston. By Mr. Bradley's plan the middle class is served in the main by so-called practical nurses, who do their work under the supervision of trained hospital nurses, the latter being called in to do the higher technical parts of the work. Mr. Bradley's plan has been worked out successfully in a number of American centres—nowhere better than in Detroit, where the Detroit Home Nursing Association, with several hundred of these women, do their work under the guidance of several graduate nurses. This experiment was carried to a successful issue largely through the efforts of a good Canadian nurse, Miss Agnes D. Carson. We should like to see such an organization established in every city in Canada. It is good for the practical nurses and good for the graduate nurses, and good for the public at large.

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Society Proceedings

THE NURSES' QUESTION

The Academy of Medicine had a talkfest at a special meeting in December, called by the President to discuss the subject cited above.

Some months ago the nurses of the Central Registry—some six hundred strong—sent an ultimatum to the hospitals, in which they stated that the special nurses in those institutions would, in future, work only eight hours daily. The hospital executives refused to accept this condition. The nurses then held out for a ten-hour day; the hospitals for eleven. Upshot: a proposed new registry for nurses, and that to be established in the Nurses' Club Building—the home of the Central Registry! Appeals were made to the Academy—individually and collectively, by petition and personally, to Academy members. Hence the meeting.

Dr. Herbert Hamilton proposed a resolution to the effect that the Academy should have a majority representation on an executive of an out-and-out new registry, seeing that the profession was not represented at all on the executive of the Central Registry; and the new (Toronto) Registry proposed to put only one medical man upon it.

Dr. Jabez Elliott proposed rather, as there was only the difference of one hour work per day between the two Registries, that an attempt be made to get the two factions together on the question, have only one Registry, and upon the executive thereof have medical representation. This view prevailed, and it was left with Dr. E. E. King, president, to appoint a committee of conciliation of five from among members of the Academy to negotiate with representatives of the two factions.

The evening's discussion was not held down to the points referred to above, but took in the nursing profession from several angles.

Dr. King outlined the story of the dichotomy between the two disputing bodies. He stated that the profession was finding a good deal of trouble in getting their private patients properly nursed in the private wards of hospitals. Owing to the friction between special nurses and the regular hospital staff nurses, the public ward patients were looked after better than those in the private wards. Though certain hospitals announced their rates to private patients to include ordinary nursing attention, special nurses found that while away at lunch, for instance, the staff nurses didn't look after their patients.

Dr. H. J. Hamilton pointed out that this action of the nurses in reducing hours in the hospital would affect patients outside of the hospital and the medical profession generally; for what becomes the practice in the hospitals well becomes the practice outside. It was desirable that the medical profession should have some degree of control over the nurses' organization. For the past four or five years the relation existing between nurses and patients and the attending physicians and surgeons has not been what it might be. The wishes of the doctors have not been carried out as well as they might be. Members of the Academy ought to have equal representation on the management of any nursing registry with directors of hospitals and superintendents of training schools.

At this juncture a petition from the nurses of the Central Registry to the Academy was read. It was received with laughter, somewhat tinctured with impatience and derision. It was presented with a formal preamble, and throughout gave indication of being drawn up by a member of the legal profession. The petition called attention to the long period of special training of nurses, their difficult work—its strain on mind and body; the long hours and a recital of their hardships and grievances arising out of their attempt to secure shorter hours in order to get time for rest, recreation and participation in avocational interests. As a grievance it cited the fact that certain nurses were favored by hospital authorities, while others were "malevolently denied access to patients, to their pecuniary loss and detriment."

Attention was called by one of the Fellows to the fact that too often doctors were not allowed to call the nurse of their choice to attend their patients.

Dr. Gibb Wishart said, as a profession, medical men should not take any position for or against the nurses or hospitals. The nurses receive a training about which the profession is not consulted. We consider that the professional training they get is not what it should be. The course given, the books authorized, lectures delivered and general regulations with regard to what shall constitute a course for graduate nurses would not be consented to by any man present, if brought before him for consultation.

Dr. B. Milner mentioned the name of a well-known private hospital, in which he said the training of the undergraduates was just as good as that given by the large public hospitals, yet these nurses were not accepted as special nurses by the larger hospitals. This is a disgrace. The Academy ought to have a majority representation on the executive board of a nurses' registry. We are the ones most interested as to whether nurses are rightly trained or not. The fees were too high, the speaker added.

Dr. W. J. Wilson said nurses were badly used. The hospitals selected our best girls after they had spent two years at high school. They had to have a good character, sound, strong bodies; were taken for three years, without enough remuneration to buy shoe leather; they were lectured over their heads, and made study a lot of books they have no need for. Girls could be trained in a year and half as well as they are. A course of that length was sufficient, and nurses should be paid for it. Girls who wanted to take up any extra work might do so in post-graduate form. The way things are now the majority of patients who need a nurse cannot pay for one. The speaker said he had a patient now in an extreme condition who needed a trained nurse, but could not pay any such fees as are demanded. There should be some change in the whole arrangement. There should be some change in the lady superintendents. They should be put through a course of sprouts—it would be a good thing.

Dr. Wishart, rising again, said he had been a patient in a certain hospital, and that the nursing you get from the ordinary staff is most inefficient.

Dr. A. A. MacDonald said he had been interviewed before coming to the meeting by a representative from the Central Registry and also from the Hospitals Registry—the proposed new one. So he was primed each way. Members of the profession should choose their nurses for serious cases, and not have them thrust upon them by hospitals. He had not yet learned of sufficient cause for decentralization of the registration of nurses. There was ample room, however, for improvement. By pulling together it would be possible to have a real central registry. There are many points with regard to hours of service of nurses that require much thought. Ten hours a day was hardly feasible under existing conditions. Eight hours a day is feasible; but it is only possible if the hospitals will agree to give efficient service during the night hours. Early morning was an arduous time for staff nurses, owing to the preparation of patients. After patients were done up for the night the night nurses employed by the hospitals might look after patients for the succeeding eight hours. It was difficult for nurses to get up hours before daylight to take twelve hours' continuous duty—perhaps arduous duty—giving them no time for needed rest and recreation and open air. Nurses who continue this practice break down sooner or later. Neither is such strenuousness on the part of the nurse good for our patients. And the patients are the ones to be considered. In many instances those who really require the expert service of nurses cannot afford to pay for it. Hospitals, in such cases, should be called to help out.

Dr. Donald McGillvary thought it would be a pity to decentralize. There was need for a registration of so-called experienced nurses—such as the V.A.D.'s. He didn't see why a ten-hour day could not be arranged—such as the nurses of the Central Registry were willing to accept. Nurses do not lack heart. The hod-carriers work only eight hours a day; Why should nurses be called to work longer? How many old nurses are there in the city? Very few. Why? They break

down; and it was not to be wondered at. The call on their sympathy was difficult to withstand. There were no capitalists in the nursing profession. They were obliged to live very economically, and they had mighty slim bank books. Plenty of untrained departmental store girls received $25 a week for eight-hour a day duty; while nurses, after two years at college and three years' arduous hospital training—doing most menial duty in the early part of their course, got very little more than this amount for twenty-four-hour duty! It is deplorable the amount of nursing one's private patients got in hospitals for the amount paid. You cannot get adequate nursing for a very ill patient unless you put on special nurses.

Dr. S. M. Hay said he had watched the training course given nurses, and was of the opinion that the majority who lost their health did so as the result of their training, not on account of their special work. Twelve hours a day in training is too much, as it gives a nurse no time she can call her own. In the case of special nursing or surgical cases there are a couple of days of strenuous work, following which the special may be said to be merely a companion, as there is very little, comparatively, to do. Dr. Hay had found certain Central Registry nurses of late who would not take night work, others would not go into private homes to nurse, and others will not go out of town to nurse. Six months ago they presented the eight-hour day ultimatum. This led to the proposition of a new registry. The constitution and by-laws of the proposed new registry were very fair and just. The doctor and employers are allowed to have something to say as to the nurse they wished to have on the case. We do not want nurses to tell us when they will work and where, what kind of a case they will take and what kind they will not. Nurses should not discriminate. If his patient desired a particular nurse, Dr. Hay would say nothing against the choice, provided the nurse was what she ought to be. In closing, Dr. Hay paid a tribute to the nursing profession generally; they were very brave and most courageous.

Dr. John McCollum said the average nurse was poorly paid. She worked possibly forty hours a week for forty weeks a year and received about $1,000; about one-half what a good

mechanic makes. The nurse works two or three hours longer per day than the man. After the acute stage in a patient's illness is past there may be little to do; but the nurse finds this period harder on her than a reasonable amount of work. The nurse has a right to specialize—to choose certain types of cases, just as doctors specialize on certain lines of work. This is an age of specializing. The medical profession had received excellent service from the Central Registry.

Dr. J. H. Elliott said that the Central Registry had done good work, but had "fallen down," due to a lack of any representative of the medical profession on its staff to advise. The necessity for a new registry seemed to be based entirely upon two things: The hospitals want a list of nurses who will nurse in hospitals and remain available for that work only. The other was the difference in the hours of duty. Surely there was no reason why a compromise could not be arrived at and the two parties in the dispute brought together. Dr. Elliott said that graduate nurses were often asked for when undergraduates would answer as well. The Central Registry should have a list of qualified undergraduates—assistants trained along the lines of the V.A.D.'s. Nine such nurses are wanted in general work for one graduate nurse.

Dr. H. B. Anderson said the two sides ought to be brought together. The general body of the medical profession has not had sufficient control over the nursing. It appeared to him that the training schools should not seek to control nurses beyond the date of graduation.

Dr. Kennedy McIlraith said he had had most excellent service from the Central Registry. Nurses trained now were becoming more and more highly educated and less and less useful. They get a whole lot of instruction in physiology, chemistry and anatomy that are not worth a snap in the practice of their profession—no good to the patients or doctors. (A voice: Quite right.) Nurses had combined like a labor union. They had departed from the attitude of our profession.

Dr. Helen MacMurchy called attention to Commissioner Hodgins' excellent report in regard to the nursing situation generally, and particularly to the employment of nurses of the

V.A.D. type. At the last meeting of the superintendents of nurses in British Columbia a resolution was adopted looking to the promotion of the training of this type of nurse. The work of nurses should be better organized. A nurse had remarked to the speaker that she "could not bear work now, especially after being overseas." She was on twelve-hour duty, doing nothing half the time. This sort of service was distasteful to her; it tired her out. She would do better in eight hours than in twelve. The twelve-hour day is too long. The world is moving rapidly. The eight-hour day is coming. Superintendents of training schools have stated that it is their intention to have it for pupil nurses. The speaker agreed with Dr. Macdonald that the hospital staff nurses might relieve special nurses during the eight quiet hours of the night.

Speaking of a living wage, Dr. MacMurchy said that in the States it had been computed that $1,255 is the lowest sum with which a woman can keep herself in health and decency. Few nurses get that amount. Ten years is estimated to be the working time of the average nurse. The Central Registry was established by the nurses themselves. Their effort had been to bring the profession up to a high standard. They had done a great deal for the medical and nursing professions in Toronto. They deserved consideration at the hands of the Academy. The speaker had heard a good deal of complaint about hospital nursing, but with an experience in which a member of her own family was the hospital patient under care of the staff nurses only perforce, she had no ground for complaint, as the patient was well attended. Unfortunately, there had been some misunderstanding since negotiations looking toward the establishment of the new registry had begun. At the second meeting between the two parties to the dispute a proposal was made to arbitrate on their differences, one of the leaders said, "There is nothing to arbitrate." Such a remark has a menacing sound, and when you hear it one may count on trouble. Another reason for cleavage arose through the statement of a superintendent of a leading hospital, who said the hospitals were willing to take the ten-hour offer. The nurses say that offer was never made, and that the hospitals never indicated they would give the ten-hour day.

The members of the Academy were the people to see this set right. We cannot afford to have nurses strike or have any quarrelling among the medical profession. The executive of the Central Registry has been formed on too narrow lines. The nurses do not want the superintendents put on it. After nurses have left the hospital they should not be still entirely ruled over by the superintendents as they used to be as probationers. When people whose interests are the same are separated and kept away by themselves there is sure to find little rifts widening. The hospitals and the Central Registry should get together. A proper solution can be found along the lines suggested in the evening's discussion.

Drs. Perry Goldsmith, Clarence Starr, John N. E. Brown, Frederick Marlow, John Ferguson and others also addressed the meeting.

THE BRITISH COLUMBIA HOSPITAL ASSOCIATION

The officers of the British Columbia Hospital Association for the year 1919-1920 are:

Honorary President, Hon. J. D. MacLean, Victoria; President, Dr. M. T. MacEachern, Vancouver; First Vice-President, Mr. R. S. Day, Victoria; Second Vice-President, Mayor Gray, New Westminster; Secretary, Mrs. M. E. Johnson, Vancouver; Treasurer, Dr. C. H. Gatewood, Vancouver.

Executive Committee.—Dr. F. X. McPhillips, Vancouver; Miss M. P. Macmillan, Kamloops; Mr. Charles Graham, Cumberland; Miss L. S. Gray, Chilliwack; Dr. W. E. Wilks, Nanaimo; Mr. M. L. Grimmett, Merritt; Mr. D. G. Stewart, Prince Rupert; Dr. H. C. Wrinch, Hazelton; Rev. Father O'Boyle, Vancouver; Miss J. F. Mackenzie, Victoria.

THE FIRST ANNUAL CONVENTION OF THE HOSPITALS OF SASKATCHEWAN

REPORT OF PROCEEDINGS

The first convention of hospitals for Saskatchewan was held at Regina on the 8th October, 1919. The meeting was convened in the City Hall Council Chambers at 10.00 a.m.

Those present signed the register, thirty-one in all, representing sixteen hospitals. After Mayor Black had extended a civic welcome to the delegates, Mr. R. H. Williams, Chairman of the Board of Governors of Regina General Hospital, opened the proceedings by giving an outline of the steps leading up to the calling of the convention. He stated that the initial move was made by Weyburn Municipal Hospital that the secretary of Regina General had then gotten into touch with the thirty-seven hospitals in the Province and arranged a date most suitable to the majority.

On motion of Mr. Anderson and Mr. Savage, Mr. R. H. Williams was appointed convention chairman and G. E. Patterson, secretary.

Various committees were then appointed by open nomination as follows:

Nomination Committee.—Mr. J. H. Anderson, Mr. C. J. Simpson, Mr. W. J. Savage.

Committee on By-laws.—T. T. Murray, Geo. Thomas, W. J. Nethercott.

Committee on Resolutions.—Miss Jean Wilson, Sister Raphael, Joseph Needham, S. A. Hutcheson.

Following the programme, prepared in advance, Dr. F. C. Middleton gave a paper on "Hospital Standardization," very capably taking the place of Dr. M. M. Seymour, Commissioner of Public Health, who was unavoidably absent from the city.

The Hospital.

History tells us that there has been such discussion and enquiry as to the origin of hospitals and as to whom the honor of having first given them to mankind should go. They are simply the development of the dispensary used in ancient times by medical officers appointed and paid by the State. The hospital ward, where patients could be more carefully attended and be under more systematic observation, was gradually introduced by these officers.

It was not until the 18th century that England had its "great movement" in hospital building, but at that time many of the largest and best institutions saw their commencement. Since then, of course, modernized ideas have resulted in numerous changes as to the architecture, site, plumbing, ventilation, arrangement as to wards, etc., and the introduction of the trained nurse has affected every phase of hospital organization, construction and management. When it is considered by some authorities that there should be one hospital bed for every 100 population we realize that the hospital question is far beyond the experimental stage, although the organization of hospitals must necessarily vary with the conditions under which the institutions are to exist. It matters not whether the institution be under the control of a political organization like the State, city, or municipality, or whether it be controlled by a philanthropic society, church organization, or private corporation, the ultimate end should be to supply the greatest amount of hospital care of the best quality to the greatest number of patients at the smallest possible expense as regards the construction of the hospital, the maintenance of the hospital, and the expansion of the institution as the demand for hospital beds increases in the community.

In mentioning the smallest possible expense, false economy must be carefully guarded against, and must not be practised to the detriment of efficiency and good service, in anything pertaining to a hospital.

Hospitals are not unlike other enterprises, in that success

or failure depends largely in the first instance at least, on the personnel of the Board of Trustees or Governors.

Hospitals cannot grow spontaneously; those instructed with their conduct must furnish the impetus to their development. Of all organizations, the selection of a hospital board is of the utmost importance. It is almost superfluous to say that only men of acknowledged business ability and of high moral standing, with an interest in the development of the institution, and with a willingness to give a considerable amount of their time and ability to the affairs of the hospital, should be asked to become members of the Board. The number of Directors should not be so large as to be unwieldy, and the matter of electing some lady members is worthy of consideration. There are phases of hospital organization with which women are naturally more familiar than men, and in almost every community there are women who possibly have had nursing training, which experience would tend to fit them splendidly for membership on certain committees.

When a suitable board has been selected, the election of new members should be such that permanency of a portion of the Board is ensured, so that there will always be some who are familiar with the conduct of the institution, and who may see that a policy decided on may be carried out.

One of the first duties of the Board in the larger hospitals is to secure the services of a Medical Superintendent. In Saskatchewan the hospital regulations require that hospitals having authorized bed capacity of seventy-five beds or over shall employ a resident medical officer. This regulation, however, has not been rigidly enforced, as war conditions were taken into consideration, but the Commissioner has under way a plan for the standardization of hospitals in the province, and when the details of this are worked out this section of the regulations will also be dealt with.

The Superintendent is the executive officer of the Board and should get the support of the Board, as he is the pivot on which the actual workings of the hospital depend. He must have the confidence of the Board, medical men, public and

patients, and with this end in view there must be a feeling of frankness between the Board and Superintendent.

In smaller hospitals the Matron usually acts as Superintendent, and as such her duty includes the entire care of the hospital. When there is a General Superintendent the matron will perform her duties under his direction.

The larger hospitals arrange a definite system as to heads of departments of service, all, of course, responsible to the Board through the Superintendent. Board members have the constant opportunity to test the esteem in which the institution is held: to hear complaints of service, of policy, and even of the medical care patients are receiving. There is no more serious duty of Board membership than to give the institution the benefit of such complaints and of the oftentimes valuable advice accompanying them. The Superintendent will welcome and profit by such vigilant interest on the part of the Board members and will take advantage of every complaint and item of advice, not always to follow it, perhaps, but to weigh it and give it consideration. Any information the Board is able to supply will enable the Superintendent to give a higher order of administration.

Hospitals being mostly of a semi-public nature, the public should be taken into the confidence of the Board and should be kept well advised of everything that goes on there.

Committees appointed by the Board should work through the Superintendent where possible, and their jurisdiction should not be executive, otherwise the work of the institution would soon become chaotic, without head, without guidance and without control.

One of the chief factors in bringing about dry rot and stagnation in any institution is the failure on the part of the Board to meet regularly. Of course, these meetings should not be held too frequently either, as Board members are usually active busy men and women.

Women's auxiliary boards can do a great deal, not only in keeping local interest aroused in the welfare of a hospital, but also in seeing that complaints which are justified are remedied

and of those not justified, the facts are placed before the public in a proper manner to the relief of the institution. The Superintendent will be responsible for the efficient nursing of the patrons through the matron. If the Superintendent is to be charged with the proper administration of the affairs of the institution, he must have power to employ and discharge the help, and this power should be absolute and final for the common help, and he should have the power to suspend any one until such time as the Board may investigate and make final decision on the matter.

The Board, Superintendent and staff should realize that when a patient enters the hospital there is an implied obligation that such patient is to receive the very best care and treatment it is possible to give. To insure this the Superintendent and staff must be thorough, conscientious and up-to-date, and the hospital should be equipped with small laboratory, X Ray machine and a properly furnished operating room.

The remainder of the responsibility as to whether good results are obtained in a hospital or not will rest with the medical staff, and it may be taken as axiomatic that no institution can be bigger, broader or more famous than its medical staff. An important feature in the care and treatment of patients at a hospital is the taking of the history of the patient, the proper charting of the cases and the retaining of such records for possible future reference.

This question of hospital organization might be very much enlarged upon, but I wish to make passing mention of the hospital situation in our own Province before closing.

There are in Saskatchewan now thirty-six hospitals, of which the following may be termed Union Hospitals, Davidson, Edam, Eston, Lloydminster, Kindersley, Rosetown, Shaunavon, Lampman and Kerr Robert; fifteen hospital districts are definitely mapped out under the Union Hospital Act.

The following figures will give an idea as to what advantage the hospitals here are being used and especially in maternity work:

In 1915—28 hospitals with a total of 1,333 beds treated 13,335 patients, of whom 1,296 were maternity cases.

In 1916—28 hospitals with a total of 1,430 beds treated 18,043 patients, of whom 1,686 were maternity.

In 1917—36 hospitals with a total of 1,680 beds treated 23,098 patients, of whom 2,451 were maternity cases.

In 1916—36 hospitals with a total of 1,769 beds treated 29,664 patients, of whom 2,700 were maternity cases.

More than double the number of patients received hospital treatment in 1918 than in 1915, and more than double the number of maternity cases received hospital care in 1918 as compared with 1915. Putting this in another way, of the total number of births for the province in 1915, one out of every thirteen had hospital care; in 1916, one out of every eleven had hospital care, and in 1917 and 1918, one out of every eight had hospital care.

At present there is in Saskatchewan approximately one hospital bed for every four hundred of its population. As you are aware the Saskatchewan Government gives 50c. per patient per day to all Government aided hospitals, and in 1916 (fiscal year) the Government grants amounted to $132,000, and in 1917, January to December, the grant was $84,142.

Alberta only pays 25 cents per patient per day to its Government-aided hospitals.

That one of the intended purposes of the Union Hospital scheme is being accomplished is very well illustrated in a paper read at the Nurses' convention in Moose Jaw this summer by Miss Flaws, who was at that time matron of Eston Municipal Hospital. The infant death rate in one municipality before the establishment of the hospital was 5 per 100. For two years after the hospital was built, of 90 infants born in that municipality 88 were healthy, one stillborn, and one premature. She further states that of those 90 maternity cases treated in the hospital fully 50 per cent. were primipare and with the constant supervision as to varicose veins, constipation, examination of urine, etc., not one but came through the ordeal without undue suffering or danger.

Another purpose accomplished where Union hospitals have been built is that the country physician is more satisfied and content to continue in rural practice than formerly. This fact alone means a very great deal to a rural community.

You might be interested also to know the cost of maintenance in the hospitals. For 1918 the average cost for maintenance was $2.65, the highest being at Shaunavon, when the cost was $3.51, and the lowest being at Edam where the cost was $1.39.

Discussion.

In the discussion on this paper the following suggestions were made:

1. Standardizing and establishing a central base for the purchase of hospital supplies, such as gauze and cotton and other surgical supplies.

2. Standardizing the training schools of the province under a uniform curriculum of studies with a provincial certificate issued to all graduates.

3. A hospital inspector to see that the standard of nurses' training schools be maintained.

Mr. Nethercott, from Kerr Robert, cited their experiences as an example of the necessity of careful planning in every detail before building and equipping a hospital and the wisdom of employing an expert that costly mistakes might not be made.

Mr. Thomas, of Kindersley, suggested that those in charge of the hospital take the trouble to visit other places and make use of the best ideas as to building and equipment.

Dr. Rothwell defended the Government regulation requiring hospitals of 75 beds or over to employ a resident medical officer, claiming that the best services to the patients demanded it.

Hospital Financing.

At 2 p.m. Mr. T. T. Murray, of Saskatoon, read a paper on Hospital Financing, as follows:

1. Introduction.

The purpose of this paper is to examine the means by

which cash is obtained for hospital purposes and the ways in which it is spent. I will for the purposes of this paper confine myself solely to Municipal Hospitals, leaving out of consideration those which are operated in any way other than by the ratepayers of the municipality.

The first point to which I would direct your attention is capital expenditure. In order to build our hospital we must have the necessary funds with which to buy the land and pay the contractors as the building proceeds. It will be the duty of the council of the municipality to present the necessary by-law to the Burgesses, and if the Burgesses approve the by-law the Council will then proceed to borrow the money. Let me here observe that in respect to capital expenditure on hospitals, as well as in respect to all other municipal works, the money should be in sight before the work is started, not merely in sight by reason of temporary borrowings, but by reason of the necessary bonds being sold. In this western country we have erred both ways, we have sometimes proceeded with the work and then been unable to borrow the money, and we have sometimes borrowed the money and then decided not to proceed with the work. After the money is borrowed the municipality is charged with the repayment of the principal and interest, and this will be fixed a charge against the hospital. In order that we may know what the hospital is costing the municipality we have to charge it with interest on the money borrowed for construction and with repayment of the principal, just as in a commercial undertaking. The term of the bonds ought to as near as possible correspond to the expected lifetime of the building so that when our building is worn out we again borrow to build a new one.

The lifeblood of any going concern is money, and we may find that when we have our hospital built and equipped ready for operation that we have no money with which to buy food and pay wages until we can collect money from our patients. That is to say, we have no working capital. A person starting a business under such conditions would find himself very soon obliged to stop, but we are fortunate in having the municipal-

ity to fall back on. We simply pass our accounts on to the municipality council for payment, and then when we collect our money we turn it over to them. In the long run the difference between what they pay out for us and what we turn over to them is the cost of the hospital to the ratepayers as a whole.

Let me here for a moment examine the method of paying accounts, although this may possibly trespass on my friend who is to talk to you on accounting. There are two clearly defined methods:

(a) Where the Hospital Board passes accounts to the municipal treasurer for payment and turns over all its cash collections to the same treasurer. Under this plan the only financial books necessary to be kept at the hospital are those relating to the collection of patient's fees.

(b) Where the hospital pays its accounts direct to the creditor, and pays all its collections into its own bank account. The difference between the receipts and payments has to be obtained from the municipality, from Government grants, or borrowed from the bank. This plan necessitates the keeping of a full set of books by the Hospital Board.

Plan A is used in the City of Saskatoon, while I understand that the City of Regina uses Plan B. I believe that the Saskatoon plan is better, it relieves the hospital from keeping creditors' accounts, and it means that a creditor of the city gets one cheque for all his accounts against the corporation instead of getting one cheque from the hospital and one from the City Hall.

The first hospitals were probably entirely charitable, and in Europe there are still many hospitals where no fees are charged patients. These hospitals are supported by the interest on endowment funds, by donations, and by grants from local authorities. We in Canada have attempted to commercialize hospital work; we feel that we are charging a just fee for services rendered. But we find that our commercial hospital is obliged to take all manner of patients, irrespective of ability to pay, so that we are in the position of a storekeeper who was

obliged to give credit to everyone who came into his store. I think you will agree with me when I say that collecting hospital bills is no easy job; the honest people pay and the dishonest don't pay, and in many cases we cannot force them to pay. I would even go so far as to say that many conscientious people pay who should not pay; that is, they strive to work to earn money with which to pay us, when they are really not fit to work.

Now, I believe that the day is coming when hospital services in this country will be entirely free. There will probably be private hospitals for wealthy people who want special attention, but the municipal hospital will charge no fees. (Let me ask you, gentlemen, to make a note of this point so that you may discuss it when I am finished.) I would not advocate free hospitals at the present time, but as I read the signs of the times I think they are coming. A hospital bill usually strikes a person at their worst time, and many people suffer and are in misery because they dread the bill that will be run up if they go to hospital. As I have said, the honest people pay and the dishonest don't, so that at present the people who pay their hospital bills pay for themselves and help (when they pay taxes) to pay for the dead beats.

I think that free hospital service would mean such a small amount to each taxpayer and would be such a boon to those who need the service and are unable to pay for it, that it is almost bound to come about.

It was at one time customary for the City Council to give a grant to the Saskatoon hospital, but this was found a useless proceeding and one calculated to obscure the true condition of affairs. Nowadays the total loss on the hospital appears as an expense in the general expense account of the city. Of course, grants from the Government or from adjoining municipalities are credited direct to the hospital and go to reduce the loss.

Let me speak for a moment about the collection of accounts. This is a work which in any walk of life calls for tact, but in hospital work it calls for supertact. When our patient comes in he is usually too sick to talk business and when he

goes out he is usually too weak. While he is with us we have to use every endeavor and every available means of getting a line on his financial condition, and if he is well enough we should try and get some money on account.

But we must be sympathetic and not harsh; we must not take the money off a man who is going out after a severe illness and leave him to starve while he looks for work.

We usually take promissory notes from patients who are unable to pay, not that we expect to get much from this as a rule, but it prevents a man disputing the amount of the debt afterwards.

It will probably be found better to hire a collector to go after delinquent accounts on a commission basis, as this work will involve much more time than the average Superintendent can give to it.

Discussion.

Other delegates claimed the system by which a complete set of accounts are kept at the hospital, as the better one, and that hospital officials have a better idea of and more interest in collections.

Hospital Accounting.

A paper on "Hospital Accounting" was read by G. E. Patterson:

In dealing with the subject of hospital accounting we must remember that every line of business must have a system peculiar to its own particular need even though the general principles are everywhere the same, and in this regard hospitals are no exception. In preparing a system of records for a hospital we must bear in mind two main points, first to arrange our records and accounts in the form which will most easily supply us with the necessary information for the monthly and the annual reports to the Government, and secondly, that we may have available at any time a statement of the financial situation for the Board of Directors.

The question of establishing a uniform system of accounting for the hospitals of Saskatchewan is one to which this

convention can well afford to devote some time. For purposes of comparison, it is desirable that this be accomplished. Though the hospitals represented may be working under different conditions the main sources of revenue are the same, and also their expenses may be classified under the same or similar heads. We frequently receive enquiries from other hospitals asking questions which could be answered without any extra work if we had the same division of expense as they use.

Speaking of reports, we have at the Regina General Hospital a monthly audited statement showing receipts from patients each month and up to date, as compared with last year, and also the amounts charged to patients for the two years. The statement also shows under the various expense headings the amount spent per month and total spent to date, and this is compared with the amount estimated to be spent up to the corresponding date. The Board of Governors can thus see at a glance whether we are exceeding the estimate carefully prepared at the beginning of the year, and if so, on what items. A careful check can thus be maintained during the entire year, both on expenses and estimated receipts.

Some hospitals may keep their books on the basis of Receipts and Disbursements only and issue a statement showing the balance as per Cash Book. It is more desirable to use a double entry system under Income and Expenditure. This will show the total revenue earned for the year, as against the total expenditure. Under our present system of government grants we should take credit for the amount earned during the last half of the year though we do not get the cheque until May of the following year.

In our hospital we use Cash Book, Purchase Journal, Bank Journal and General Ledger, Patients' Record and Patients' Ledger.

In our Cash Book we enter all receipts and Petty Cash payments. A smaller hospital would probably also combine the Bank Journal with the Cash Book. In the Purchase Journal is entered all accounts passed monthly by the Finance

Committee, and they are there distributed in twenty-five columns to the various accounts of the General Ledger.

Our division of accounts is as follows:

1. Administration.—Under which is placed salaries of Superintendent and office staff, printing, telephones, postage, etc.

2. Professional Care—Including salaries of nurses, drugs, surgical supplies, etc.

3. X Ray Department.—Salary of operator and supplies.

4. Departmental.—Including salaries of cooks and maids, provisions, linen and bedding, crockery and utensils, kitchen fuel, etc.

5. General House and Property.—Including salaries of engineers and elevator men, steam coal, light, power, water and general repairs.

6. Pathological Department.—Salary of pathologist and general supplies.

7. Isolation Department.—Salaries of nurses in that building and supplies used.

8. Laundry.—Wages and supplies.

9. Garden Account and Capital Account, to which is charged purchase of equipment of a permanent nature.

When this journal is posted the ledger will show the total expense incurred for statement purposes, even though accounts may not all be paid.

The Record of Patients should be compiled to conform to the same order as the monthly government report so that copying the report may be facilitated. We find the loose leaf system of patients' ledger most suitable. Paid records may be removed to another binder and the current ledger kept a convenient size.

Most hospitals wish to compare their operations from year to year on the basis of per capita cost. This is arrived at by dividing the total current expenditure by the total days of patient's stay. For purposes of comparison among hospitals of the province it is desirable that the same item of expense

be included and that strictly capital expense be kept in a separate account.

Each hospital will no doubt have its own system and policy in regard to collections, varying under different circumstances. A card system of following up correspondence works out very satisfactorily. The card need only show a brief record of the account and dates of letters, the detail of which should be memoed on the back of the patients' ledger leaf. Promises promptly followed up are most likely to produce results. The public needs to be educated to feel that hospital bills are as great an obligation as any other debt.

Discussion.

Several delegates emphasized the unreasonable position hospitals are forced to occupy in caring for patients from outside municipalities at less than cost.

Difficulties in the co-operation of rural municipalities with cities in providing of larger hospital accommodation were cited and the general opinion was expressed that rural municipalities should contribute in some way to the cost of hospital building in cities or neighboring rural municipalities from which they received the benefit.

Mr. Savage emphasized the desirability of a uniform system of arriving at cost per capita in all hospitals so that definite figures may be available for presentation to the Government if necessary.

Problems of the Small Hospitals.

Mr. Nethercott, secretary of Kerr Robert Union Hospital, gave a paper on "Problems of small Hospitals" as follows:

It was indeed a great surprise to me when I received the programme stating I was expected to prepare a paper on "Problems of Small Hospitals," and I would much rather this part of our programme had been given to some other delegate who has been longer in touch with hospital work. Our hospital at Kerr Robert has only been running a few months

and is not yet entirely completed and working to the satisfaction of the Board. If this paper and conference is for the help of other municipalities in forming a district building and equipping a hospital similar to ours, I think I could give them some interesting information that might save them a lot of costly mistakes, such as has been the case in our district. I would just mention that in our opinion the department in future should examine very closely any plans submitted, or better still, have some competent architect prepare a set of standard plans. There is no building needing such care in the planning as a small hospital, and advice should be given as to cost, site, building, heating and all equipment. Our particular problems so far at Kerrobert have been more in construction and equipping, starting, financing the hospital, rather than those of actual hospital work.

The result of work or efficiency in a small municipal hospital is considerably more a matter of gossip among the ratepayers of each municipality than is to be found in connection with a city hospital, and I regret to say, very often this gossip is very misleading and detrimental to a hospital. Each person is paying a direct tax towards its upkeep and is either for or against it. Should a death occur the news is spread far and wide and the public are prone to blame the doctor, nursing staff or the Board for circumstances entirely beyond their control. It takes time to educate the public to the need of such an institution and the benefit they may derive therefrom. I am glad to say in our case owing to the splendid staff we are fortunate in having at present, every patient on leaving the hospital is enthusiastic in its cause, and this difficulty is gradually being overcome.

In a small hospital it costs considerable more for a staff than a larger hospital. There is no training for probationers, and as a result all registered nurses must be employed. In our case we employ seven besides the matron and at present only have about twenty beds. I trust this matter will be one of the main discussions at this Conference.

Another big problem and which runs the average daily cost

per patient away high, is that the number of patients being cared for is very uncertain. One week the beds may all be filled and perhaps the next week there will be hardly any patients, and yet the staff and help must all be kept on just the same. Care should therefore be exercised in forming a district in that they should not be too small as the cost or overhead expense of running a fifty bed hospital should be little more than that of a twenty bed.

Another difficulty confronting a small hospital is the purchasing of drugs and medical supplies. They are at the mercy of a local druggist and often cannot get the needed articles. Could not some arrangement be made whereby all the hospitals unite in helping to keep a central secretary, whose duty it would be to keep in touch with the market and either order or advise where any order may be obtained at the most reasonable price.

Now perhaps I am coming to our greatest problem, Financing and Collections. Under the present system the Board by the Act under which our hospital is organized can only borrow for a three months' deficit and must then collect from the various municipalities in the district. These do not, as a rule, collect their taxes until fall and the Hospital Board have no redress in making them pay up promptly. If the bank is willing why not give the Board power to borrow for a longer time.

At present any municipality not in a particular district has only to pay $2 per day per patient. This with the 50 cents received from the government is not at all sufficient with prices as they are now. This sum should be increased.

Another difficulty we have is that of having only six days in which to notify the municipality that one of their residents is in the hospital. Many times patients arrive who do not know either the number of their land or the name of their municipality; others give a wrong location and the wrong municipality is notified. Others state they will pay their account and then other conditions develop and they are unable to do so and the hospital is unable to collect. Can this condition not be improved on?

Another difficulty we at Kerr Robert are up against is that we are not far from the Alberta boundary and patients from there will insist on coming to our hospital in cases of emergency. They are not in an organized municipality and the Alberta Government absolutely refused to pay their account. We would like to have this matter taken up by the department, and if the accounts cannot be collected we think the expense should be borne by the province and not by the small hospital district.

In discussion Mr. Thompson thought that a uniform schedule of nurses' salaries for small hospitals would make for more stability of the staff.

MISS WILSON'S PAPER

Beginning the evening session Miss Jean Wilson, Superintendent of General Hospital, Moose Jaw, gave a comprehensive paper on "Nursing Problems and Standardization of Training Schools in Saskatchewan" as follows:

Before considering the subject of Nursing Problems and the Standardization of Training Schools in Saskatchewan, I wish to speak for the nurses who are at present acting as superintendents of hospitals or as superintendents of nurses in the larger hospitals, for this meaure of relief that we now feel at the organization of the provincial hospitals into an association in which we know shall obtain much benefit, not only for our training school, but for the betterment of all hospital departments.

In attempting to speak on the subject of training school problems, I feel that while fully aware of the problems, I may not be capable of presenting them in an interesting manner to this assembly.

To begin with we may ask ourselves, "What are these problems?" It may be easily answered thus: the training schools are all wrong, but to be more definite we may mention, too long hours on duty in the wards, too little time for study and recreation, not enough time given to instruction by a qualified instructress, instruction in almost all hospitals being given by a superintendent, who has a multitude of various duties to perform, or by the medical staff, who in many in-

stances do not realize that they are talking over the heads of the tired-out, half-asleep nurses in the lecture room. Again the resident accommodation is often far from being comfort able or adequate. These are problems that have always existed, and added to these we now face an even more serious problem—a shortage of applicants. This shortage is not felt alone in Saskatchewan or Canada, but throughout North America. We hear "nursing is different from any other profession."

To overcome the shortage of nurse applicants several means have been proposed.

1. By lowering the educational standard for admission to the training school.

2. By shortening the course of training from three to two years or even one year.

3. By providing training for two classes or nurses, one for the educated woman destined to become the Registered Nurse, the other, for another type of women to be known as the trained attendant.

4. By changes in the training schools, the hospitals, or both, by which more educated women will be attracted to trained nursing as a profession.

To consider lowering the educational standards for admission to the training school would be a most disastrous policy to the profession. The lowering of standards to below one year high school education might temporarily increase the number of applicants, but it would also decrease the number of applicants of a better education. The reason of so many better educated women entering the profession during the past twenty years is that educational standards have been raised. Unless our members are educated we cannot class our calling as a profession. While this effort of keeping and possibly raising the present day standards of education rests principally with our own members, we also need the assistance of the laymen connected with the training schools.

To shorten the training school course would fall far short

in several ways. It does not seem possible to eliminate any of the training. Ask any nurse to suggest the elimination of any part and I think she would immediately reply that even though some branches meant considerable drudgery, she would not forego the experience so gained. It is only by constant repetition that one may become skilled in any line. One plan may be suggested and that is that the course could be shortened by one year by the giving of a certain number of months' credit to the student who has learned the fundamental theoretical subjects prior to her entrance to the training school. This would necessitate the institution of schools where fundamental studies of the training course could be taught and the student then sent on to the hospital for practical experience.

It is with much satisfaction we can refer to the proposed policy of the Saskatchewan Red Cross Society in establishing a peace-time medical and nursing service, and whereby an effort will be made to help provide sufficient nurses for the Province. The training and supervision of the trained attendant has been endorsed both by the American Association of Nurses and by the Canadian National Association of Trained Nurses as the best way in which to meet the need for nursing, caused not alone by a shortage of applicants to the training schools, but also the public are to-day demanding more trained nurses than the hospitals can enroll and train. These attendants will be women who are of inferior education, or do not care to take the three-year course, although they will have to qualify to a certain standard and be trained at suitable centres for certain specific duties.

Changes in the training schools, hospitals, or both, by which more educated women will be attracted to trained nursing as a profession. The hospitals will have to face sooner or later, that in order to make trained nursing attractive to young women of education the schools must be made educational institutions, while the proper care of the patient will be one of the obligations in the training of the nurse. According to this arrangement the pupil would be expected to do as much work for the patient as her school work would permit.

The hospitals would be obliged to increase the number of pupils, also possibly increase the graduate nurses on the staff. This arrangement at once brings the thought of added hospital expense, which no doubt could be overcome by placing the schools on a strictly educational basis, thus doing away with the compensation the hospitals are accustomed to paying its pupil nurses. A student entering a high school, normal school, or a university, would decide something was wrong if she received her board, room and monthly stipend instead of paying her expenses in these institutions. If our training schools could be brought to such a basis would we then hesitate to advertise the advantages we would have to offer. All other institutions of educational value are advertised systematically while hospital training schools are not listed or are they even rarely mentioned in the news. In our efforts to attract pupils by improved standards, public enlightenment of the right sort would prove the greatest help in the world.

Allow me time also to give a few figures in regard to training schools and pupil nurses in the Province. Time did not allow the obtaining of definite information, but the following gives an idea how inadequately Saskatchewan is supplied. There are thirteen hospitals with recognized accredited training schools in which there are enrolled about three hundred and fifty nurses graduating annually not more than one hundred and twenty-five nurses. Our University has signified its willingness to co-operate with the Registered Nurses Association towards the establishment of a Chair of Nursing in the University. With such a course, in addition to the hospital training, we expect to have nurses in our hospitals.

Then we need larger training schools in connection with our larger hospitals. This means better equipped hospitals; also we need to make better inducements to qualified nurses with good executive ability to go into the smaller hospitals, so that the pupil in the smaller institution would be qualified to take advantage of the affiliated training which must soon be instituted in the larger training schools. This affiliation would be of great assistance to the small training schools. These

courses would be arranged so as to allow the third-year nurse in the smaller schools taking an intensive training in the operating room, in obstetrics, pediatrics, and other specialties in the larger hospitals and thus broadening and extending her education. The small hospital desiring such privileges would have to measure up to certain requirements to be complied with. Thus I feel we would sooner than in any other way be able to arrange a standard curriculum for the smaller schools and also for the larger schools. There has been prepared a minimum standard curriculum for training schools which has been endorsed by the National Association of Trained Nurses, both in Canada and U.S.A. Where a school is too small to engage an instructress it is suggested that two schools within a reasonable distance could engage an instructress who could arrange her course of instruction so as to give three days continuously of each week to each school.

To carry into effect some of these ideas may seem that we will require a great faith, but show me the nurse who is interested in institutional educative work who does not possess faith which moves mountains.

I believe we can rely on our Provincial Government to see to it that at least the pupils of our schools shall be no longer slaves, but students in the best sense of the word.

A paper was also read from Miss F. E. Fergusson, Matron Kerr Robert Hospital, protesting against the proposed establishment of "Nurses' Aids" in the Province as a menace to the profession. She also claimed for the rural districts nurses as highly trained as those in the cities.

The eight-hour day for nurses was discussed. Miss Wilson pointed out that it is now endorsed by all nurses' associations in Canada and is only delayed because of the shortage of nurses and residence accommodation for them.

Miss Fraser, Superintenent of Nurses of Regina General Hospital, favored training schools in small hospitals as a partial solution of their nursing problems. The small schools should give a two-years' course followed by a third year in one of the larger hospitals.

Organization.

At 9 p.m. the business of organization was undertaken.

On motion of Mr. Anderson and Mr. Simpson the following officers were appointed for one year:

Honorary President—Premier Martin, Regina.
President—R. H. Williams, Regina.
First Vice-President—D. C. McLellan, Prince Albert.
Second Vice-President, John Hettle, Saskatoon.
Secretary—G. E. Patterson, Regina.
Treasurer—T. T. Murray, Saskatoon.

Mr. Murray presented the report of the Committee on By-laws, and after discussing each article these were accepted as follows:

Article 1.—Name.

The name of this Association shall be "The Saskatchewan Hospital Association."

Article 2.—Purpose.

It shall be the purpose of this organization:

(a) To serve as a means of inter-communication and co-operation between the hospitals in Saskatchewan.

(b) To establish, maintain and improve standards of hospital work.

(c) To promote the efficiency of all hospitals in the Province.

(d) To stimulate intensive and extensive hospital development.

(e) To make all hospitals of more community service.

Article 3.—Officers.

The officers shall be:

Honorary President.
President.
Two Vice-Presidents.
Secretary.
Treasurer.
Committee of Ten.

Article 4.—Membership.

The members shall be all persons connected directly or indirectly with hospitals paying the membership fees hereinafter mentioned, and such members shall be classified as follows:

(a) Active.
(b) Associate.
(c) Honorary.

(a) "Active" members shall include all those who are actively, engaged in hospital work and this means on the regular staff of the hospital.

(b) "Associate" members shall include all those who are engaged in hospital work but are not on the regular staff and shall include attending Doctors, Nurses, Members of Trustee Boards and Hospital auxiliaries.

(c) "Honorary" members shall be active and Associate members who have ceased to take an active part in Hospital work after years of faithful and recognized service.

Article 5.—Election of Officers.

This shall take place at the annual meeting each year and shall be by nomination and ballot. All officers shall be elected for a term of one year.

Article 6.—Executive Committee.

The Executive Committee shall be composed of the Officers and ten other members elected from the Association at the annual meeting.

Article 7.—Quorum.

Five members shall constitute a quorum of the executive committee which shall meet at least once a year and at other times at the call of the Chairman or any five members. Ten per cent. of the members shall constitute a quorum of the whole Association. The executive committee shall carry on

the affairs of the Association during the year and report to the Association at the annual meeting.

Article 8.—Meeting Time and Place.

The annual meeting of the Association shall be held at the time of the Hospital Convention, notice of which shall be sent out to each member one month in advance. The place at which the Annual Meeting and Convention shall be held will be decided on at the Annual meeting or Convention of the previous year.

Article 9.—Amendment to By-laws.

By-laws may be amended at any regular meeting by a two-thirds vote of the members present.

Article 10.—Recommendations.

All recommendations and suggestions must be sent in writing to the secretary of the Association, who shall lay the same before the Executive for discussion and consideration one month previous to the annual meeting of each year.

Article 11.—Membership Fees.

The fee for all hospitals shall be $10.00 annually.

Article 12.—Voting.

Each hospital shall have one voting delegate, with no proxy.

On motion of Mr. Needham, seconded by Mr. Anderson, it was ordered that the proceedings of the Convention be printed and sent to each Hospital in the province, with a request that such hospital become a member of the Association.

Executive Elected.

The Executive Committee of ten members was then appointed as follows:

R. Thompson, Kindersley.
Jos. Needham, Unity.
W. J. Savage, Swift Current.
W. J. Nethercott, Kerr Robert.
Mrs. T. M. Morgan, Central Butte.
Miss Jean Wilson, Moose Jaw.
Geo Thomas, Weyburn.
P. Murphy, Rosetown.
J. H. Moore, Lashburn.
Sister M. Raphael, Moose Jaw.

RESOLUTIONS

Mr. Hutcheson then presented the report of the Committee on Resolutions, as follows:—

No. 1. Motion of Dr. Rothwell and Mr. Savage: WHEREAS the hospitals of the Province are having to meet a greatly increased cost of operating expenses, due to the increased cost of all materials and labor with which they have to do.

AND WHEREAS the present grant to hospitals per diem has remained the same during the past number of years:

AND WHEREAS the Hospitals are becoming more and more a necessity in the life of the community, due to our scattered population and to such large numbers of transients within the Province;

AND WHEREAS as a result of the many advances in the medical and surgical care of patients, it is becoming more and more necessary to have large numbers who are sick treated within our hospitals, and at greater expense to the Hospital;

THEREFORE be it resolved; that this Hospital Association does not consider the present grant of fifty cents per day at all sufficient to meet these many conditions in hospital management with which we have to do, and in the opinion of this meeting this grant should be at least one dollar per day. —Carried.

No. 2. Motion of Mr. Hutcheson seconded by Mr. Anderson WHEREAS the Hospitals of the Province find an increasing number of patients from Rural Municipalities incapable of paying for their hospital care and maintenance;

AND WHEREAS it frequently happens that the physical condition of the patient on his admission is such that it is impossible to conclude whether they are or are not financially capable of paying;

AND WHEREAS the information required for such conclusion is generally in the possession of the Municipality in which the patient has resided;

AND WHEREAS owing to the increased cost of Hospital maintenance the sum of two dollars per day now chargeable to the Municipality is totally inadequate to meet the sum owing by the patient;

THEREFORE be it resolved; this Hospital Association respectfully make representation to the Provincial Government to amend the Rural Municipalities Act so as to:

(a) Increase the number of days after the patient is admitted, in which the first notice is to be given, from seven to thirty days.

(b) To place upon the Municipality the onus of providing that the patient about whom they have received notice is financially able to pay for such care and maintenance.

(c) To increase the sum payable by the Municipality where such notice is given from $2.00 to $2.50 per day per patient.—Carried.

No. 3. Motion of Mr. Needham, seconded by Mr. Moore: RESOLVED that whereas there are a number of incurable patients in many of our hospitals who are a financial burden on the district, this Convention urge the Government to provide more accommodation for incurables in the Province.—Carried.

No. 4. Motion of Miss Wilson seconded by Mr. Need-

ham: RESOLVED that the Commissioner of Public Health be asked to act in conjunction with the Provincial Registered Nurses' Association to establish a system of affiliation between our larger and smaller Provincial Hospitals conducting recognized accredited training schools and also that Union Hospitals having 20 beds and at least two graduate nurses, be allowed to establish training schools in the province.—Carried.

Moved by Mr. Needham, seconded by Mr. Thomas: That a committee of four, the president, secretary, Mr. Anderson and Miss Wilson, be appointed to bring the resolutions just passed to the attention of the Provincial Government at its next session.—Carried.

NEXT YEAR'S MEETING

On the kind request of Mr. Anderson, the convention agreed that the next meeting be held at Saskatoon.

THE CANADIAN MEDICO-PSYCHOLOGICAL ASSOCIATION

On December 10th, 1919, a meeting of the Medical Superintendents of the Ontario Hospitals was held in Toronto, at which it was decided to form a Canadian Medico-Psychological Association. The purpose of this organization is to arouse an interest in the study of nervous and mental diseases, and to emphasize the needs of this class of patients. All who are interested in this particular line of work are eligible for membership, and it is hoped to form an organization that will be able to give useful advice along lines that will be helpful in the solving of the problems of the insane, the epileptics, and the feeble-minded. Dr. Edward Ryan, medical superintendent of the Ontario Hospital at Kingston, has been made president, and Dr. J. M. Forster, medical superintendent of the Ontario Hospital, Toronto, has been made secretary.

Hospital Items

FLAMES AT ASYLUM SPEEDILY PUT OUT

What might have been a serious fire broke out in the Queen Street Asylum, Toronto, on December 13th. When the alarm was given fifty-eight patients marched out in perfect order, and there was never any danger of a panic amongst the inmates. The flames started on the fourth floor of the west wing of the main building. It was discovered in a room fitted as a cell. The fire started close to a steam-pipe and, burning under the floor and up the walls, spread rapidly to a staircase leading to the attic.

The attendants fought the fire with lines of hose and chemicals until the firemen arrived. All of the reels in the district responded to the alarm, and several portions of the flooring were torn up by the fire-fighters to make sure that no electric wires were defective. The loss was estimated at $200.

MAGNIFICENT BEQUEST TO TORONTO GENERAL HOSPITAL

Sir Joseph Flavelle, who for several years has been Chairman of the Board of Trustees of Toronto General Hospital, on December 22nd handed to the Trustees his cheque for $250,000 as a further contribution from him toward lifting the present debt of $835,000 now against that institution. It will be remembered that Sir Joseph some years ago contributed $100,000 to Toronto General Hospital, his present gift, therefore, bringing his total contribution to the magnificent institution on College Street up to $350,000. We take this opportunity of heartily congratulating Sir Joseph upon his most recent contribution, and all we can say is that it is just like the man himself. This gift will very materially help the Trustees in their promise recently made to the Toronto City Council and to the University of Toronto, to raise $500,000

if the city and University would each contribute $125,000. The balance of the debt, it is expected, will be liquidated through the sale of the old Gerrard Street property. When the present mortgage is discharged the Board of Trustees of Toronto General Hospital will have placed in Toronto, free from debt, a general hospital second to none either on this continent or in Europe, which cost for land, buildings and equipment not less a sum than three and three-quarter million dollars. There is no question that credit for this wonderful achievement is due to Sir Joseph Flavelle, who had a vision to conceive the enterprise and to whose constructive ability and capacity the city of Toronto and Province of Ontario owe its accomplishment.

NEARLY $2,000,000 CONTRIBUTED TO CHARITABLE INSTITUTIONS

Mayor James Couzens, of Detroit, on December 23rd, announced a Christmas gift list to charity of $1,950,000. The money is to go to nurses and children's institutions.

The Michigan Hospital School for Crippled Children will receive $1,100,000 of this amount; $650,000 will go for a new nurses' home; $125,000 to the Children's Free Hospital, and $75,000 to St. Vincent's Orphan Asylum.

Coupled with $100,000 donated to the Patriotic Fund last November, and $62,000 given to the same fund earlier in the year, the Christmas list brings the Mayor's known gifts to charity during 1919 to $2,112,000.

D.S.C.R. NOT WANTING DOMINION ORTHOPEDIC HOSPITAL

Judging from official comments on the present situation, the Department of Soldiers' Civil Re-establishment will never take the Dominion Orthopædic Hospital under its wing.

It was announced several months ago that all Army Medical Corps hospitals in Toronto would become civilian institutions

before the spring of 1920. The way events are shaping at present this seems improbable. The D.S.C.R. are inclined to favor St. Andrew's Military Hospital as their future home for incurable soldiers in place of Euclid Hall, Jarvis Street, but it is said that Military Headquarters No. 2 have an eye on the building for their new headquarters. Officials of the D.S.C.R. shake their heads when the Orthopædic Hospital is mentioned, and declare it will never become a part of their establishment.

Thousands of dollars were spent on the erection of new buildings there and the perfection of equipment.

The first fifty patients entered the hospital on February 3rd, 1919, and it cannot be so very long before the last fifty file out.

It is remarkable that the D.S.C.R. appear to be reluctant to take on what has been described as "one of the finest hospitals on the continent," so recently completed and opened.

"Might have served a useful purpose if it was opened in 1916 instead of 1919," commented a prominent officer in Toronto.

FINE CORNWALL HOME FOR ORPHANAGE

Mrs. John McMartin, widow of the late John McMartin, M.P. for Glengarry and Stormont, and a sister of Duncan McDougald of Toronto, has presented her fine Cornwall residence to the Sisters of the Hotel Dieu as an orphanage, in memory of her husband. Mrs. McMartin has also provided for its maintenance in perpetuity. The property is valued at $100,000, has accommodation for one hundred children, and is regarded as one of the finest places in Eastern Ontario.

With reorganization of the Kingston Hospital at an expenditure of $600,000 being considered, it is not now likely that clinical teaching at Queen's University will be transferred to a new Ottawa hospital.

THE ROYAL ALEXANDRA HOSPITAL

For some time past the Health Department of the city of Edmonton, which is in charge of Dr. T. H. Whitelaw, has been co-operating with the medical superintendent and staff in the re-organization of the Royal Alexandra Hospital, with a view to gaining the maximum of efficiency in the treatment of all cases, public and private. This institution is now in a position to have a complete case report of each and every case admitted to the hospital. A trained bacteriologist is in charge of the laboratory, also a medical superintendent who gives not only his full time, but acts also as secretary of the Hospital Board, as well as to the Medical Advisory Board, and is himself an X-ray specialist. The Royal Alexandra admits no nurse to its training school until she has shown evidence of successful vaccination, or indicated her willingness to have the operation performed, the feeling of the management being that a graduate nurse should, at graduation, be in a position to undertake with safety the nursing of small pox patients.

The directors of St. Michael's Hospital, Toronto, on December 17th, requested the Board of Control for a grant of $100,000 toward a new building on Victoria Street, in the rear of the present hospital. It is proposed to erect an extension to cost $500,000, which will include well-equipped operating theatres for the accommodation of University students. The hospital has never previously received aid from the city in its building operations.

The hospital at Summerland, B.C., was totally destroyed by fire on December 16th. The patients and staff escaped uninjured. The loss is $12,000.

The Sydenham Maternity Hospital, Kingston, has been taken over by the D.S.C.R. Capt. Morrison and Lieut.-Col. W. T. Connell are in charge.

Publishers' Department

The Pneumonic Lung

THE physician, in his ever constant search for additional knowledge, is entitled to the best there is, and with this end in view a brochure "The Pneumonic Lung" has been published in the belief that therein the discriminating physician will find some facts which will aid him in the pursuit of his professional duties. The text matter of this booklet is the result of long and exhaustive study of the literature on pneumonia in its different phases, and in its preparation the works of practically every standard author who has discussed internal medicine have been consulted.

The illustrations have been painted especially for the accompanying text. The subject has been given the closest attention and study, and no opportunity has been neglected to attain the close pathological and anatomical touch so essential in bringing out the necessary details, thus adding to their practical value. Expense has been no factor in the production of this brochure. With the object of presenting to physicians a booklet which would refresh their knowledge of the etiology, pathology, symptomatology and treatment of a most destructive disease, and in order that they might constantly have at their elbows an authoritative and most practical exposition of the subject, the authors have gone deeply into the matter.

Physicians may obtain, without expense to them, a copy of this interesting booklet by addressing The Denver Chemical Mfg. Co., 20-24 Grand St., New York City, N.Y.

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Beg to announce that they have absorbed the group of companies controlled by The J. H. Sherrard Manufacturing Co., Limited, and comprising The Alaska Bedding Companies and The Ideal Bedding Co., Limited, of Toronto.

The business will continue under the same management as heretofore but a closer alliance with Simmons Company, of Kenosha, Wis., U.S.A., the largest manufacturers of Bedding in the world, will bring to the Canadian trade the fruits of 50 years' experience in a world market.

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Doctors can safely eat here or recommend the Sheffield Lunch, Ltd., at the corner of Yonge and Adelaide Streets. Only the finest foodstuffs used and special attention given to cleanliness.

"The Prince and the Match"

The visit of the Prince of Wales to Canada brought forth many anecdotes of similar visits in bygone years. When the late King Edward visited this country in 1860 it is related that he was once out on the prairie with some friends who wished to smoke, but had only one match. The Prince undertook the important task of striking the match, and managed to keep it going until all the pipes were lit. Pipe-smoking is not only one of mankind's greatest pleasures; it is beneficial as well.

Announcement

Messrs. the Alaska Bedding Companies of Montreal, Winnipeg, Calgary and Vancouver, The Ideal Bedding Company Limited of Toronto and The J. H. Sherrard Manufacturing Company Limited, of Montreal, on December 15th, discontinued doing business under their present names and now operate as one company, incorporated under the Dominion Charters Act, with the name and title of Simmons Limited.

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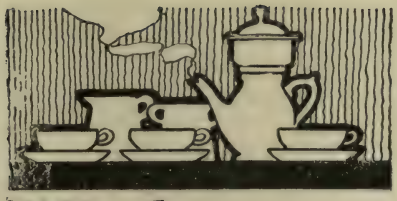
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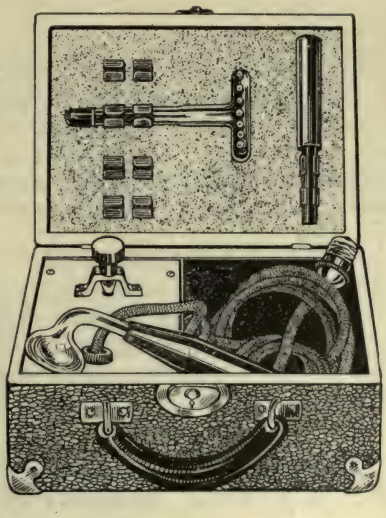
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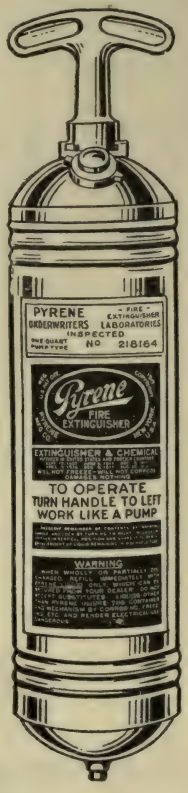
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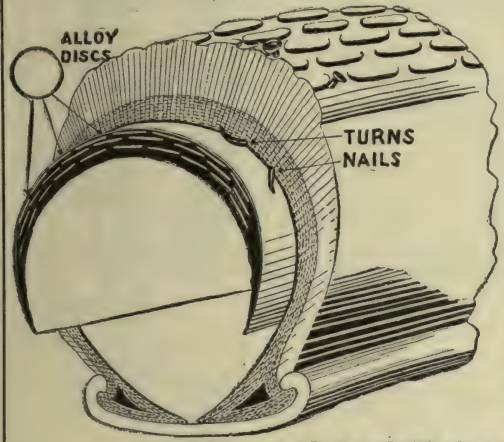
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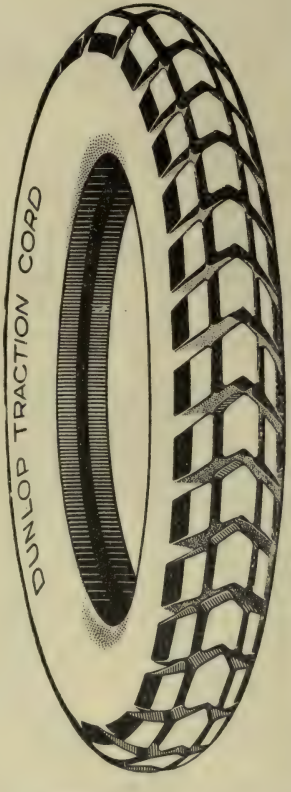
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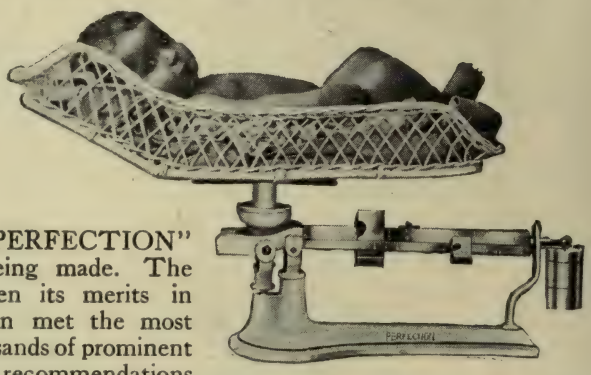
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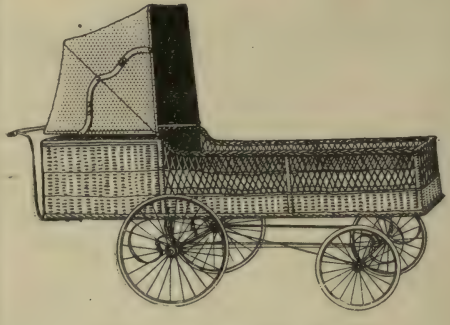
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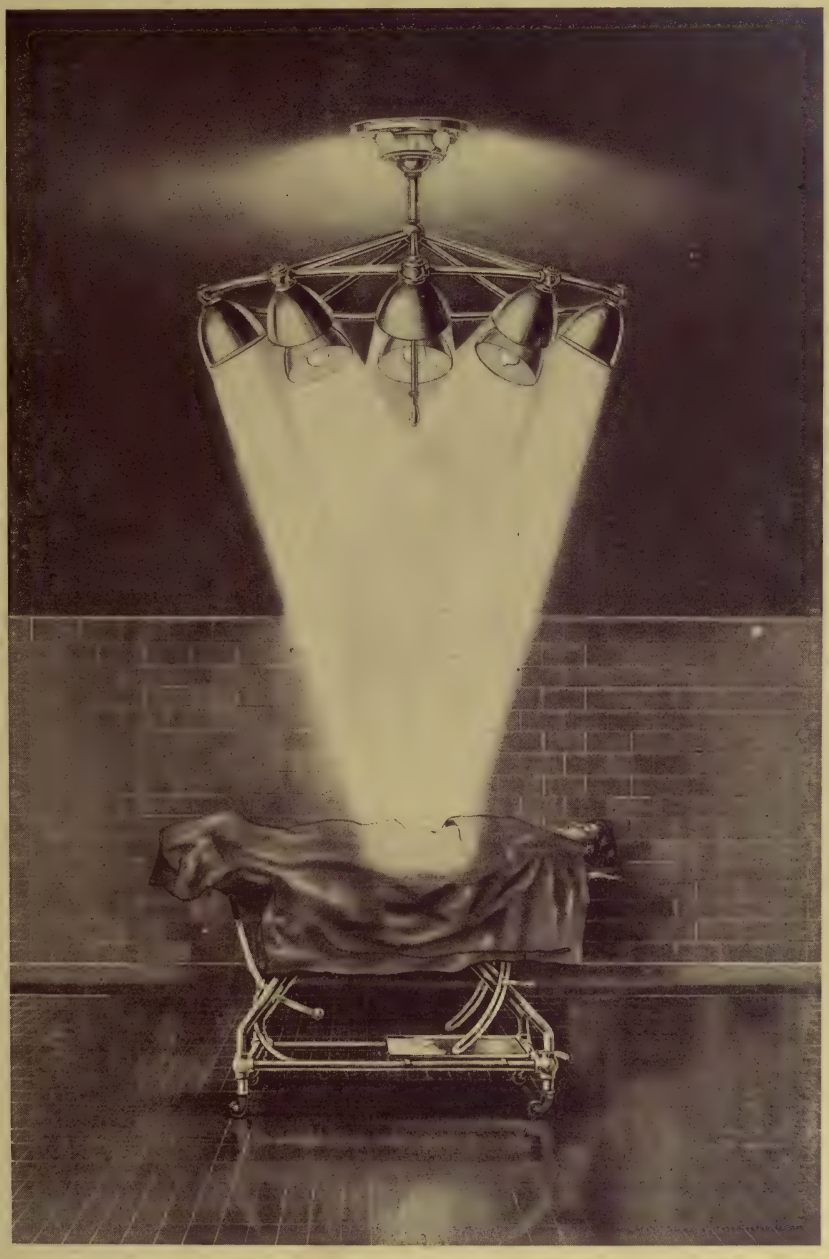


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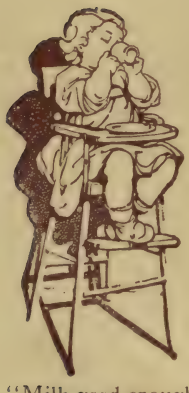
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Vol. XVII Toronto, March, 1920 No. 3

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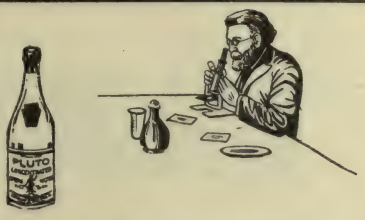
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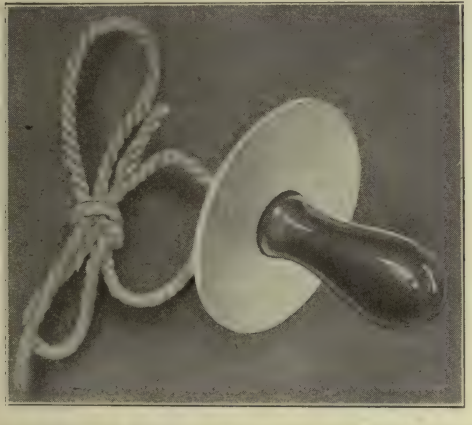
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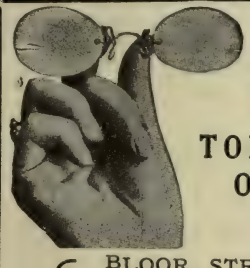
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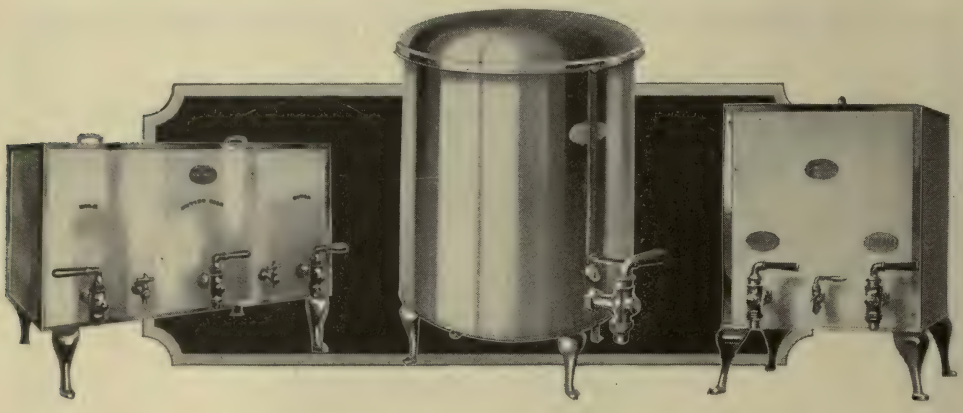
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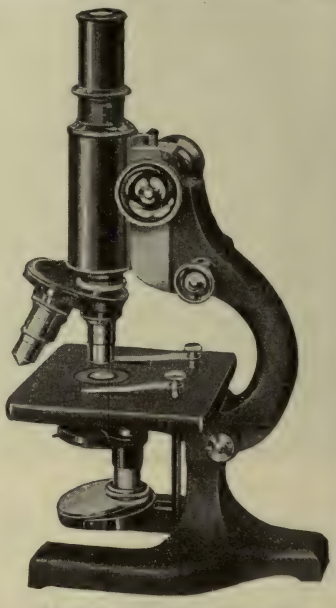
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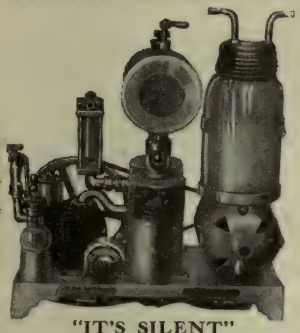
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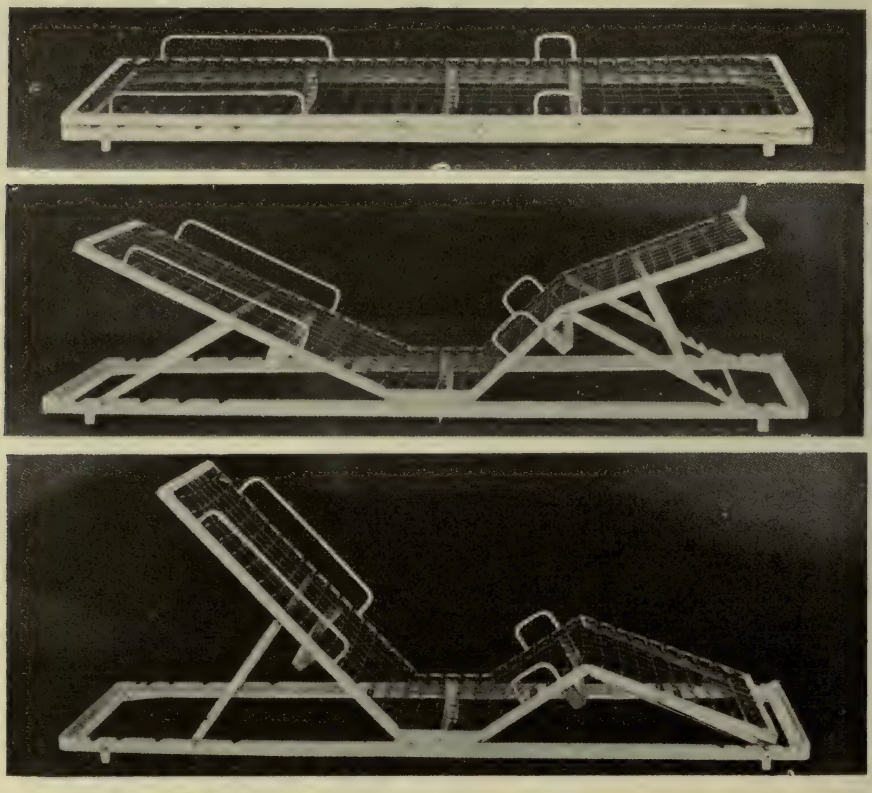
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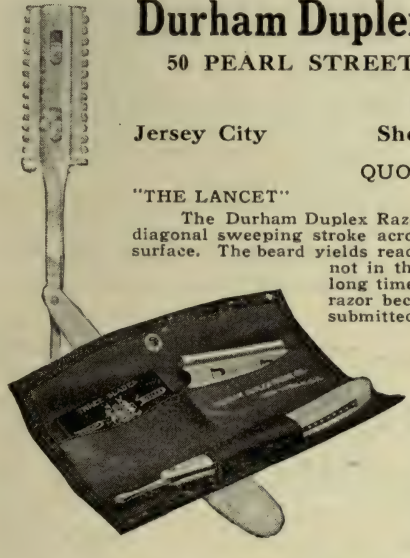
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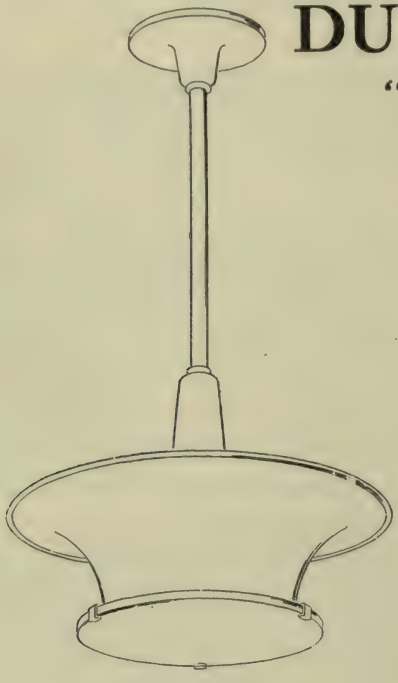
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The Durham Duplex Razor Safety, therefore, admits of that satisfactory diagonal sweeping stroke across the face, which leaves a perfectly smooth surface. The beard yields readily before its movement. It shaves, and does not in the least degree scrape. The keen edges last a long time. The moment its advantages are learned the razor becomes a favorite. The razor we examined and submitted to careful practical trial.

"THE BRITISH MEDICAL JOURNAL"

The Durham Duplex Razor Safety is well guarded so that an accidental cut seems almost impossible, while to many who have been in the habit of shaving themselves for years it will present the advantage that it can be used in the way to which they are accustomed in rounding corners and negotiating wrinkles.



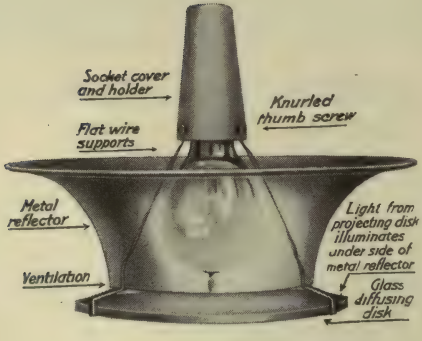
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The DUPLEXALITE is a scientifically designed lighting instrument, based upon the proven fundamental requirements of good lighting,

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In the case of hospitals, an eminent eye specialist remarked, upon examining an installation of DUPLEXALITES, "Now that these lights are upon the market, in my opinion it will be a crime to use any other in hospital wards."

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Because it is **absolutely sanitary.** It **prevents the dissemination of disease** that is all too prevalent, particularly in public drinking places, restaurants, cafes, etc. Health Officers now rightly condemn the old-fashioned public drinking cup and will not permit its use, where known. With the VORTEX SERVICE, a fresh cup is used each time. These cups are odorless, have no paraffin coating inside and cost but a trifle per hundred. The VORTEX SERVICE **should be installed in every hospital in Canada,** not only for the above reasons, but because it eliminates breakage and the use of borax, soap, washing compound, towels and time.



Physicians will consult the interests of their patients by urging them to give preference to those cafes and restaurants that have their places so equipped.

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TORONTO

Clinical Thermometers

GOOD and BAD



In line with the arguments which we have advanced on the subject of Clinical Thermometers, in recent issues of this paper, its readers will be interested in the following EXCERPT FROM THE BOSTON TRANSCRIPT of January 23, 1920:—

The Clinical and Its Functions

"The clinical thermometer is a very delicate instrument, the use of which is largely restricted to those who have been trained in medicine or nursing. The value of the instrument depends entirely upon its ability (1) to indicate accurately the temperature of the human body; (2) to repeat the same temperature reading under the same conditions; and (3) to hold or 'register' the maximum point until such time as the practitioner wishes to reset it for another observation."

"The accuracy of the thermometer depends upon the purity of the mercury used, the absence of air specks, and the finest possible adjustment of the constriction or trap, whose working is microscopic and which is the essential factor in making the thermometer 'self-registering.'"

"In regard to the importance of securing exact and accurate readings from the clinical thermometer, it seems scarcely necessary to expatiate. The records which it provides are an important matter to the physician in modern medical practice, both in determining his diagnosis and in following and controlling the course of a disease through all its later stages. In using a clinical thermometer it is necessary always to shake the mercury down below normal before setting it for another reading. Thermometers of poor quality may shake down very easily, but many of them shake down so easily that they do not register the maximum temperature. This is perhaps the worst fault the clinical thermometer can have, and it is particularly dangerous when used on patients suffering from tuberculosis, pneumonia or appendicitis."

Determining Upon Its Accuracy

"The problem of deciding whether a clinical thermometer is accurate—whether it is an instrument of error or a guide to truth—is very difficult. No simple testing by the eye will give any sufficient indication, as it will in the case of a watch, which can be fairly closely tested by any observer merely by comparison with a chronometer."

"In large part even the profession has had to rely upon inadequate means of establishing the quality of the clinical thermometers offered for sale, while the general public has been almost wholly at the mercy of chance in the premises."

"To test a clinical thermometer requires special apparatus and standards which have been certified by a Bureau of Standards."

How the Massachusetts Law is Working Out

Since the law went into effect in Massachusetts governing the standardization and sale of Clinical Thermometers (General Acts of 1917) the Commissioner of Weights and Measures has been very active in testing Thermometers with reference to their value as measurers of temperature in the human body.

"Those instruments were passed which showed that they were practically safe under any condition of service. Those which were open to serious question or were proved to be dangerous were rejected and held for further observation."

"The first tests were harrowing and fully justified the enactment and enforcement of the law. Quantities of thermometers were picked up in which three out of four, or seventy-five per cent. were rejected, while the general average covering the testing of nearly 10,000 thermometers has shown a rejection of one out of four—or twenty-five per cent. Later tests made after the law had been in operation for some time show a decidedly improved condition."

"Those manufacturers who proved to be making and selling reliable thermometers were given a license to certify and seal them in their own laboratories. This seal: the printed abbreviation 'Mass.' with the manufacturer's designating mark, must appear on any clinical thermometer offered for sale in the Commonwealth of Massachusetts. The penalty for offering for sale unsealed thermometers is a fine of fifty dollars for each thermometer thus exposed. The man with the goods on hand is the man whom the law holds liable."

"By this means, the public is protected, as each thermometer is supplied with a certificate of accuracy, bearing the maker's name. If the thermometer proves to be not up to the State standard, the certificate becomes evidence of malicious fraud and for this reason the manufacturer's certificate should be carefully preserved even though the corrections noted have been memorized."

"In testing, it developed that hundreds of so-called certificates had been issued which, aside from the certificate number, bore no relation whatever to the accompanying thermometer, but falsely claimed to represent verifications never made. And very rarely did they bear the manufacturer's name."

"The results obtained after a year of earnest effort in testing thermometers and inspecting manufacturing plants are sufficient proof of the efficiency of the department and the value of the laws. With the ever widening circle of the users of clinical thermometers, there will be an increasing appreciation of what has been done in Massachusetts, and it is to be hoped a determined movement on the part of other States to measure up to the level of industrial honesty established here in this matter."



The Randall-Faichney Company, Inc.

BOSTON, U.S.A.

Manufacturers of HARVARD CLINICAL THERMOMETERS
Guaranteed Accurate and Reliable while unbroken
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HARVARD Clinicals

ANTIDOLORIN ethyl chloride U.S.P. in convenient sizes, automatic glass containers, for local or general anaesthesia.

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ETHER "pronarcosi" ¼, ½, 1, 5, 10-lb. tins.

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Chase dolls are well made of cloth, jointed, and painted with waterproof paint, with internal reservoirs.

The Value

of this substitute of a living model is found in the many practical lessons which can be taught in the class room, such as handling of patients, administering enema, douching, probing in the ear and nose cavities—in short, the complete care of the patient.

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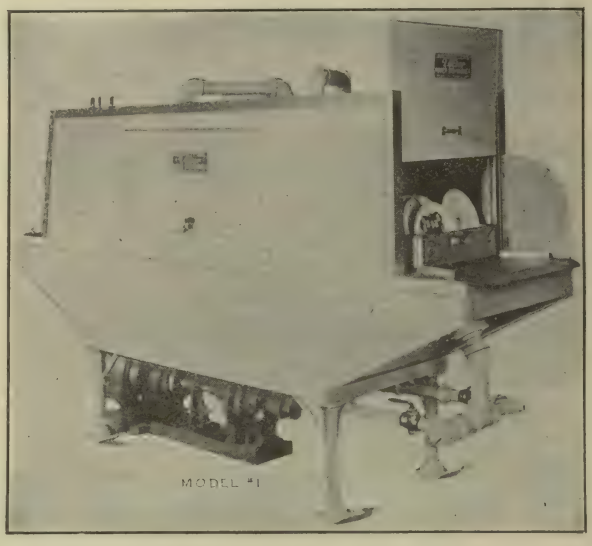
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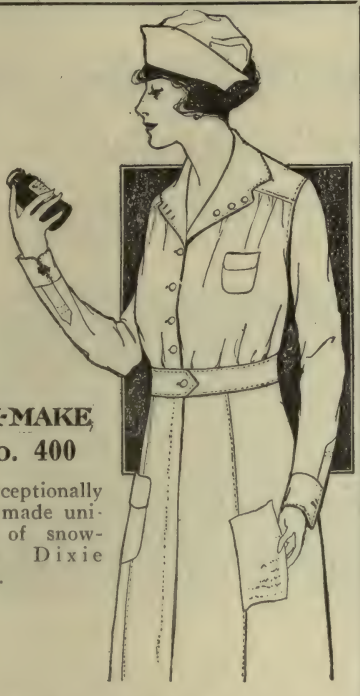
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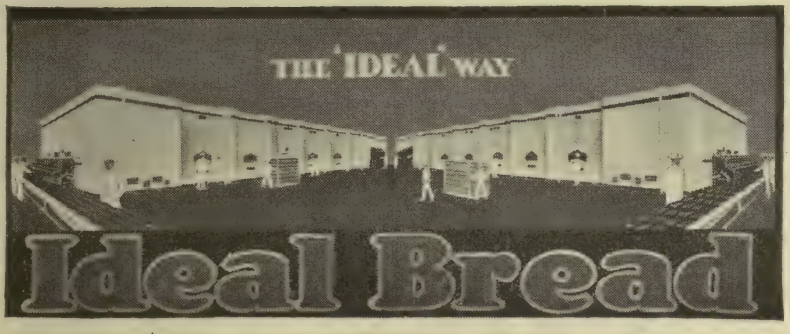
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Goodyear Wingfoot Heels offer the best value obtainable. They are springy, comfortable. They cost a little more but they are guaranteed to outwear any other heel made.

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The Hospital World

TORONTO, CANADA

A Journal published in the interests of Hospitals, Sanatoria, Asylums and Public Charitable Institutions throughout the British Empire

Vol. XVII. TORONTO, MARCH, 1920 No. 3

Editorials

CHRISTIAN HOLMES

WE are very sorry to chronicle the death in the Post-Graduate Hospital, New York City, of one of our highly esteemed editorial contributors, Dr. Christian Holmes, at the age of sixty-three. Dr. Holmes was born in Denmark, where he received his early education, supplemented by courses in civil engineering in Germany. On the death of his father he came to Cincinnati. He married a Miss Fleischmann, lived in a beautiful home (and at his club) where he hospitably entertained many people who were drawn to Cincinnati to see what will prove to be his greatest monument, the Cincinnati General Hospital. Dr. Holmes spent many years on the plans of this wonderful institution, visiting all the best hospitals in America and Europe in order to secure the latest and best ideas in hospital building and equipment. He spent thousands of dollars out of his own pocket

in these studies. Out of the wealth of material he gathered, Dr. Holmes generously gave of his knowledge to other seekers after information along this special line; and made several splendid contributions to hospital literature. He contributed the articles on hospitals in Keen's System of Surgery, and was the author of the booklet descriptive of the Cincinnati General Hospital. Besides this, Dr. Holmes owned a first-class private hospital of his own, in which he practised his specialty.

The deceased was one of the experts chosen by the Board of Trustees of the Toronto General Hospital to go over the plans of that magnificent institution. He also came all the way to the Montreal meeting of the Canadian Hospital Association, and gave a most excellent paper.

Dr. Holmes began his study of medicine in the Miami Medical College, Cincinnati, in 1886. He was a great factor in the amalgamation of his Alma Mater with its rival the Medical College of Ohio into the University of Cincinnati in 1909. The two colleges became an integral of the University and Dr. Holmes became the first dean of the new institution. To secure the union he assisted in drawing up the charter, by which the medical department of the hospital became a part of the University whose trustees should have the sole right to elect the staff and supervise the nursing department.

Dr. Holmes specialized in ophthalmology and oto-laryngology. He was president of the American Academy of Ophthalmology in 1901; and of the

American Ophthalmological, Rhinological and Otological Society in 1908-1909. He made numerous contributions to medical literature on his specialty.

Dr. Holmes joined up in 1917 as Major in the American M.R.C., and was given charge of the eye, ear, nose and throat department of the Base Hospital, Camp Sherman, Chillicothe, Ohio; and carried on here until the end of the war.

This journal extends its sympathies to Mrs. Holmes and her children in their great loss.

America has lost one of her best physicians, and Cincinnati one of her best friends.

THE ATLANTIC CITY INTERCHURCH CONFERENCE ACTION ON HOSPITALS AND HOMES*

AT the Atlantic City World Survey Conference the hospitals had their presentation with the other lines of foreign and home survey.

The Conference, after a thorough discussion, endorsed the Burton Report. This was referred to the General Committee, and finally received its adoption.

This report reveals the budget construction or method of participation in the financial campaign. The care and completeness of this method are marked.

*Reported by Dr. F. C. English, Director Hospitals and Homes Survey, Interchurch Movement.

> " The action in regard to union and independent agencies was formulated according to a previous agreement made at Cleveland, Ohio, in September, 1919. They are limited to such amounts in the askings as the denominational agencies may be willing to add to their respective ubdgets. Hope was expressed that the way be left open in the future for a careful and sympathetic study of such institutions, so that if there are ways in which these, which have a distinct Christian purpose, can, with the approval of all the bodies involved, be allowed to participate, this may be brought about."

Concerning philanthropic institutions the action was:

> " That the budget of any philanthropic organization shall be included in the budget of the Interchurch World Movement only by first being included in the budget of a national denominational body, except that the budget of any local denominational philanthropic organization, which is approved by the denominational authority of the State Conference or other like area in which it is located, may be included in the denominational budget of that area."

This interpretation of " denominational authority " has been sent to each hospital from the Hospital Survey office.

> " Denominational authority of the ' State Con-

ference or other like area' may be secured by obtaining a letter of authorization from your appropriate officer or officers having power to act, in the following list, namely:

"The President, Clerk, Secretary and Treasurer of an Association, a Conference, Presbytery, Synod, or other denominational body, or—

"By the Bishop of a Diocese or Bishop of a Conference, his cabinet or the principal officers of the Conference, region or province, or—

"Authority may be secured from the officers of a Regional Denominational Forward Movement, or the officers or council of an Area Denomination Forward Movement."

The first Interchurch financial campaign is for one year only. To carry out the action of the Atlantic City Conference and that of the General Committee, the Hospital and Home Department has sent out letters of authorization to all church hospials, asking that they be returned at once, so that the final budget may be completed. The Hospital and Home Department of the Interchurch is planning to go on with its work in order to complete a most thorough, scientific, personal survey of every hospital. Each hospital is to be rated by a "Norm," formulated after the most careful research and study. Unoccupied fields and most needy situations will be given special attention.

The General Committee of the Interchurch gave

the following hearty approval of philanthropic institutions:

> "The Conference placed upon record its unhesitating conviction that the Church of Christ should regard the founding and maintenance of agencies of philanthropy, such as hospitals and homes, first among its fundamental obligations. It looks forward to such development of these agencies and such assumption of denominational responsibility for them as will make it possible to present their claims in the largest and most inclusive way to our constituency."

The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums and Public Charitable Institutions throughout the British Empire

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Original Contributions

HOSPITAL ACCOMMODATION FOR THE AGED AND INCURABLE, AND THE CARE OF THE DESTITUTE POOR OF OUR COMMUNITY*

By T. H. Whitelaw, M.D.,
Medical Officer of Health, Edmonton.

In dealing with the subject of this paper it is my desire to indicate, as far as possible, how far Alberta as a community has progressed in providing for the aged, incurable, unfortunate and destitute, who, while unable to earn a living, and without relatives to whom they may legitimately look for support, cannot properly be regarded as being fit subjects for admittance to our general hospitals for an indefinite period. Up to recent years, the great majority of the citizens of our province have been young people and there has been a much smaller proportion of the elderly or aged than exists in the older provinces. Consequently the need for a home for the aged poor has not been so apparent as to call for comment. However, this state of affairs is rapidly passing away with the lapse of time and we now have a sufficiently large proportion of the aged in our community, to justify our giving due consideration to the matter of providing respectably and decently for such among them as have no proper home or sufficient means of support.

Were such a home provided, there is no doubt that many who have an aged relative dependent upon them, and whose means and conditions of the home, make it difficult or impossible to give proper care and attention, to such relative, would gladly avail themselves of the privilege of placing such dependent in an institute, contributing in return a definite amount per diem for his or her support. The same institution could provide for the care of incurable individuals, afflicted with some

*Read before Alberta Hospital Association.

disability or condition which renders them incapable of earning a living and which cannot be cured or improved by treatment in a hospital. It is manifestly inadvisable that the beds of our hospitals should be occupied by either of the classes above referred to. It is in the interests neither of the hospital itself nor of the incurable or aged themselves, that the present lack of a home for such cases, should lead inevitably to our hospitals becoming burdened with the care of more or less individuals of this type, sometimes resulting in a lack of accommodation for the sick, who urgently need hospital care. That such has actually occurred at times, I am assured by the authorities of two of our general hospitals here in Edmonton in recent years. As regards the situation here in Edmonton it has been relieved somewhat by using the spare accommodation in our Isolation Hospital tubercular and measles sub-divisions, to which many cases of the above type have been admitted, both from the general hospital wards and from the outside, in order to prevent them from occupying space urgently needed for acute cases. At the present time we have an old man a paralytic of 90 years of age, a veteran of the Crimean War, another old man of about 70 years suffering from chronic asthma and a third prematurely old at 65, who manifests a decided disinclination to work at anything. All of these cases are otherwise in good health and may live for a number of years, have no relatives or friends to whom they may look for assistance and are absolutely destitute as regards money or property. A young woman of about 30 years of age, having no definite disease, but having been an invalid during her life, probably slightly demented also, is being kept there because of the financial inability of her relatives to care for her properly at home. A young man suffering from a chronic condition which appears to be rheumatoid arthritis is also under the care of the Isolation Hospital and may remain there indefinitely as the cure of such a condition is somewhat doubtful. The fact that for long periods measles is practically non-existent, and that the number of cases of tuberculosis is frequently much short of the beds available, alone makes it possible to admit these cases, but at any time an epidemic of measles or an unusual number of cases of

tuberculosis applying for admission may make it necessary to find other accommodation for them. Should this happen where is this accommodation to be obtained? The Provincial Government has made arrangements by which the General Hospital at Daysland will take a limited number of such cases, the municipality or city from which they come being held responsible for the cost of their upkeep. Whether this hospital at Daysland could take all our cases or whether the accommodation provided there is such as would be considered proper and acceptable, I am not in a position to say. I think, however, we may be justified in assuming that having been built for a hospital and limited in capacity it is not such a home as any of us would wish our incurable, aged, or demented relatives to be sent to, to spend their remaining years. Can any community or city regard itself as having reached a high degree of civilization when the only refuge for such unfortunates is the spare wards of an isolation hospital? It is evident that these helpless derelicts on the sea of life could not only be maintained in greater comfort and happiness in a suitable home erected for the purpose but with less cost to the community generally than under our present conditions where they must either find shelter and a home in our hospitals or be left to the care of relatives whose earning capacity is often interfered with or lessened by reason of the necessity of providing nursing attendance in the home. Some time ago, a committee from our Hospital Board, waited upon the Honorable the Minister of Health in regard to this matter, and were assured by him that the question would be given consideration by the Provincial Government, but I am not aware that anything was done to advance the project at the late session of the Legislature. The Provincial Government has already provided an asylum at Ponoka for the dangerously insane. Is it unreasonable to suggest that it should similarly provide at the cost of the community generally, a home or homes for the aged, incurable, and such adult mental defectives as are not considered sufficiently dangerous to be sent to Ponoka? Each portion of the community would then be bearing its fair share of the cost of upkeep.

Under the title of this paper, another matter may properly

be considered, that is the care of individuals or families requiring public relief. There are in every community certain types of indifferent, intemperate, inefficient, unemployable, indolent or easy going misfits, who would not achieve success in any line of human endeavor, if they lived a thousand years, and who drift about seldom remaining long at any one employment, or locality. The drift of such cases, however, when misfortune threatens or lack of funds, is practically always from the outside towards the larger centres of population and very seldom in the reverse direction. After residence in the city for a time, a typical case finding his savings all gone, applies to the City Welfare Board for relief and in cases where a wife and children are also concerned, it becomes an urgent matter which will not permit of delay. The Welfare Board gives temporary relief and the question of responsibility is at once taken up with the Provincial authorities. Under section 55 of the Provincial Health Regulations, which reads as follows:—

"For the purpose of the Public Health Act, and these Regulations, three months' residence in any city, town, village or rural municipality by any person shall constitute bona fide residence of such city, town, village or rural municipality," the Provincial Health Officer has generally ruled, that if the case under question has resided for three months and one day in the city, that that constitutes citizenship and makes the city responsible for any relief measures which may be required through life for the applicant for assistance or his family. As a result of the interpretation of the section referred to, the City of Edmonton in the past has been compelled to assume financial responsibility for many cases, which under no circumstances had any moral claim on the city for their support. Under this three months residence section our city has frequently given relief and food to the destitute, who previously had lived for many years in the Province at large, and who had at no time lived in the city except for slightly over the three months previous to becoming dependent on charity.

It is obvious that new legislation is very much needed or a

reasonable interpretation of the legislation we already have, on the part of Provincial officials.

Another matter that relates to the indigent sick of our community is the provision which is made for their care in our city hospitals, which have been built at an expenditure of close to one million dollars ($1,000,000.00) for which the debenture interest and sinking fund must be yearly provided by taxation. Apart from this the cost per capita per day for all classes of patients, public and private, at the Royal Alexandra Hospital has been $2.69 for the year 1918, and the deficit over and above all revenue derived from patients and Government grant was $27,874.60 which was advanced by the city. I propose to show that a large proportion of this deficit was due to the unpaid accounts of out of town patients, who have no financial claim on the ratepayers of Edmonton whatever. The following facts are supplied me by the Medical Superintendent of the Royal Alexandra Hospital:—

Total deficit	$27,840.00
Total Government grant at 25c. per day per patient, included in the revenue	10,658.00
Government Grant applicable to all classes of out of town patients	4,447.25
Government Grant applicable to all classes of city patients	6,211.00
Cost of maintaining out of town patients who paid nothing at all and amount uncollected from those partly paying their bills	16,754.00
Amount of Government Grant applicable to such patients who did not at all or only partly pay their bills	1,659.00
Indebtedness contracted by out of town non-ratepayers ..... which is 54 per cent. of the total deficit though out of town patients are responsible for only slightly over two-fifths of our total hospital days.	15,095.84

If the whole Government Grant for all classes of patients, whether from city or country be applied there would still be a debit balance against the out of town patients of	6,096.59
or 21.5 per cent. of the total deficit.	

Another method of arriving at an understanding as to the adequacy of the Government Grant or otherwise is as follows:—

Government Grant applicable to all classes of out of town patients	$4,447.25
At 25c. per day per capita this amount represents the earnings of 17,789 hospital days.	
At $2.69 per day which is the average cost of maintenance of all patients, the cost of maintaining all out of town patients is	47,852.41

Revenue derived from out of town patients:

1. Government Grant applicable to all classes of out of town patients	4,447.25
2. From public patients out of town who paid	12,885.25
3. From semi-private and private ward patients out of town who paid	16,322.37
Total revenue from out of town patients.	33,655.87
Deducting this revenue from the cost of maintenance as above leaves a total deficit due to out of town patients	14,195.54

It is evident that if it is the intention of the Provincial Government to provide for the actual cost of maintaining out of town non-ratepayers at the Royal Alexandra Hospital, and by the grant of 25c. per day for all of such patients, paying and non-paying, the present rate of 25c. per day per patient falls far short of implementing this intention. An extra $9,748.29 of Government Grant would have been necessary to reimburse the city for expenditure on out of town patients

during 1918, or in other words 80c. per day per patient should have been the grant instead of 25c. It should also be noted that the figures quoted include charges for seven months for out of town patients at rates increased to $2.25, $3.25 and $4.50 per day for public, semi-private and private wards respectively.

The ratepayers of the city are bearing a heavy burden of taxation to keep up the interest on debentures and sinking fund, which must be raised yearly on the capital investment of the Royal Alexandra Hospital. Shall they, in addition, continue to submit to the manifest injustice of bearing over two-thirds of the deficit due to the maintenance of out of town patients? Surely not without protest. It is to be hoped that if proper representation be made to the Provincial authorities regarding this matter, that a sense of fairness and absolute justice will induce them to increase the grant sufficiently to cover all deficits due to and incurred by out of town patients whom we are obliged to admit to our hospitals whether paying or indigent so long as accommodation is not fully taken up.

I do not desire to unduly criticise the Provincial Government in connection with the matters referred to in this paper. The extremely rapid development of the Province has as we are aware thrown upon that Government heavy responsibilities, and no doubt the pre-occupation due to purely Provincial matters, has prevented it from giving due attention to financial and community responsibilities in which municipalities such as Edmonton participate. That Edmonton and probably other cities also have voluntarily assumed an undue share of financial responsibility or have had that responsibility thrust upon them by Provincial regulations is apparent and the time has now come to endeavor to have these matters adjusted on an equitable and fair basis, without losing that co-operation between city and country which is desirable.

Canadian Hospitals

TORONTO GENERAL HOSPITAL HAS A GREAT HISTORY

Dating back to the anxious days of the beginning of the nineteenth century, Toronto General Hospital is this year celebrating its hundredth birthday of service to the city and Province, and a still greater area. From the far ends of the Dominion and over the border have come patients to find healing and a new lease of life, through the efficient treatment and care given in this splendidly equipped institution.

To mark the centenary of the hospital, it was decided last fall by those interested in its welfare and proud of its prestige, to inaugurate a campaign to wipe out the debt still remaining, amounting to $835,000. It was further decided to ask two of the partners in the hospital, the city and the university, each to give grants amounting to $125,000. The rest was to be raised by private subscriptions. So generous has the response already been that it is believed with some continued effort the hospital will be free from debt before the end of the year, and able to face its one hundred and first birthday with a clean sheet on the debit side.

Tribute to Heroes.

Just as war memorials, in the form of halls, hospitals and other welfare buildings, are springing up to-day to commemorate the heroism of those who have laid down their lives in the great war, so the first York (Toronto) General Hospital, erected in 1820 on the north-west corner of King and John streets, was a tribute to the gallant men who fell in the war of 1812, and by their bravery and loyalty to king and country made possible the establishment of the York General Hospital.

Through the suffering occasioned in the war of 1812, the people of Little York came to realize how great was the necessity for hospital accommodation, and as soon as possible thereafter initiated a movement to meet this need. The Loyal and

Patriotic Society of the times came to the rescue with a donation of funds.

In a history of the Toronto General Hospital, written in the year the new College Street hospital was opened, 1913, Dr. C. K. Clarke, the superintendent, said: "The striking fact is brought out, too, that from the very inception of the Toronto General Hospital it was the centre of medical education, and in its wards were trained the men who were to place medicine in Upper Canada on a pedestal worthy of the traditions of a great



"The Guardian Angel," Toronto General Hospital, Gerrard Street

profession. On its staff were to be found those whose work has been recognized throughout the world, so that to-day the old hospital has established for itself a reputation to be envied and admired. . . . The University of Toronto and the General Hospital are indissolubly united, and any glory achieved by one is inevitably reflected in the other."

The first hospital, it is stated, was a plain, two-storey, red brick structure, standing precisely north and south and east and

west, the main building 107 feet long by 60 feet wide. In 1850 it was written of the hospital: " The number of patients in the hospital may be said to generally average about one hundred. The internal arrangement is very complete, and the patients, besides being well provided for with regard to dietary, have the benefit of the very best surgical and medical attention. This hospital has acquired a deservedly high reputation, and is resorted to by invalids from all parts of Canada, and in some instances from the Lower Provinces and the United States."

From 1825 to 1828 the hospital was occupied as temporary Parliament buildings, and from 1829-56 for the original purpose for which it was intended, when it was superseded by a new, more commodious and more modern hospital, erected on Gerrard Street, and opened to receive patients in 1855. By 1853 land about the old hospital square had become so valuable that the trustees resolved to erect a more commodious building in a less frequented part of the town, selecting a site on some of their land near Parliament Street.

The hospital continued in operation until 1868, but became so embarrassed financially that it could not carry on the work with success. In August, 1868, the doors were closed to patients, a condition of affairs which aroused the city to the extent of making a small grant to meet the more pressing liabilities. It was at this point that Government aid was first obtained, and in August, 1869, patients were once more admitted.

Thanks to a bequest of $10,000 in 1875 from Erland Erlandson, of Port Hope, and a donation of $6,000 from Mr. Gentle, of Montreal, necessary repairs and alterations were made. Old-fashioned stoves which had heated the hospital were sent to the scrap heap, steam heating introduced, bathrooms and the modern plumbing of the day installed. Additions were subsequently made to the hospital proper, until it comprised six separate buildings, with a capacity of 400 beds.

Apropos the regulations which have prohibited all visiting the General Hospital during the smallpox epidemic, it is related that during a similar epidemic in which large numbers of smallpox patients were cared for in the hospital in the '70's, there was

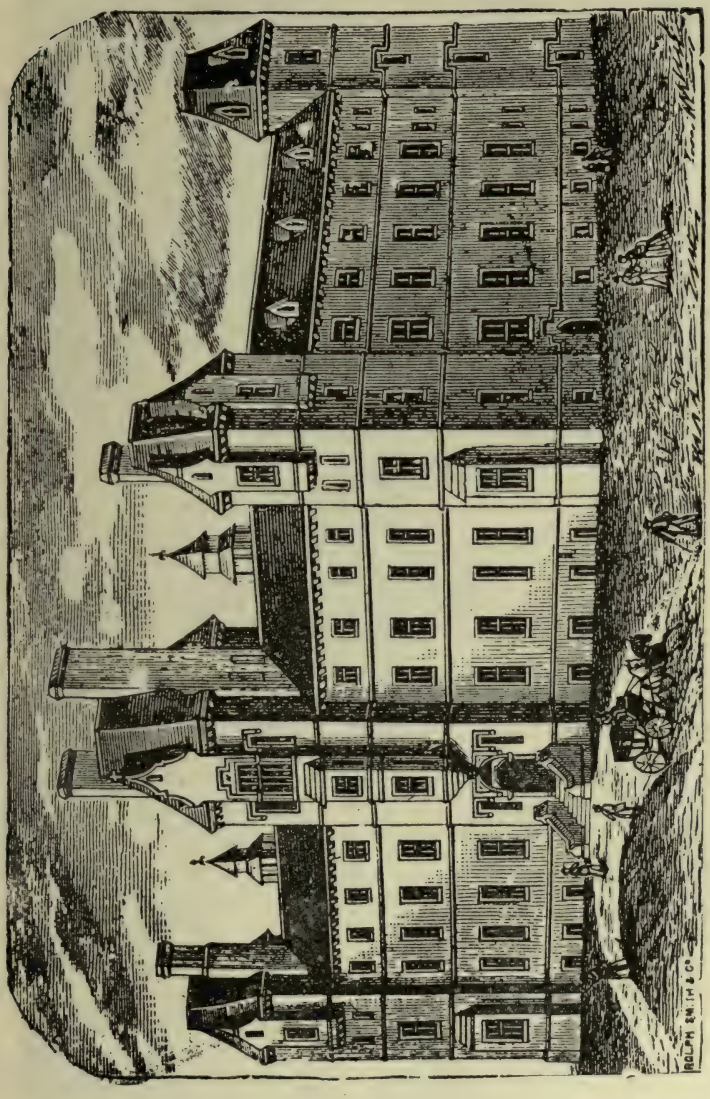


York (Toronto) General Hospital

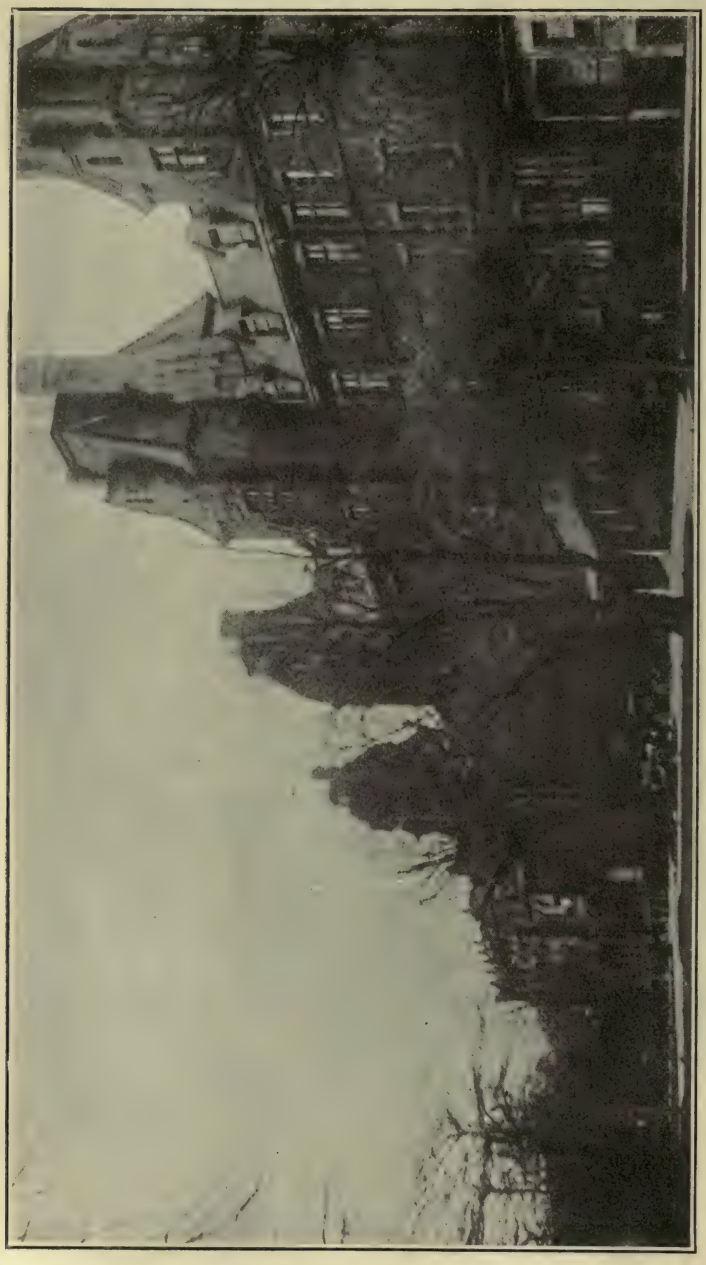
North-West Corner of King and John Streets

Erected in 1820 with funds supplied by the Loyal and Patriotic Society of Upper Canada. Occupied as temporary Parliament Buildings, 1825-28. Used as an Hospital, 1829-56, and from 1856-59 as Government Offices. It was then unoccupied for some years, demolished in 1862, and a row of red brick dwellings built. Later these were converted into the present Knights of Columbus Hostel.

(The picture is from J. Ross Robertson's "Landmarks of Toronto," Volume I.)



Toronto General Hospital—Original Hospital, 1854-1878 (From an old print)



Toronto General Hospital, Gerrard Street, 1855-1913

no rule of the hospital to prevent friends from visiting the smallpox patients if they wished to do so. There was no regularly appointed Medical Health Officer, the only ambulance being a bread wagon which was pressed into service.

The big modern development in connection with the General Hospital was the decision to move it from Gerrard Street to the present site on College Street, and erect a building up-to-the-minute in construction and equipment.

Even before the year 1900 the Misses Shields had decided to leave, as a memorial to a brother, a sum amounting to at least $100,000 for an emergency department, provided a new hospital was built. The new hospital scheme was further made possible in 1904, when the late Mr. Cawthra Mulock announced to Mr. Flavelle that he was willing to donate $100,000 to the Toronto General Hospital to erect, equip and furnish a separate wing as an out-patients' department.

The men of vision who dreamed of the new hospital recognized that the site selected should be in close proximity to the University, hence the choice fell on the College Street property.

Mr. J. C. Eaton undertook to erect the surgical wing at a cost of not less than $280,000. Messrs W. E. Rundle and Mark H. Irish established a citizens' committee to make an extensive canvass. Mr. George Cox and Mrs. Massey Treble each gave $100,000. The gift of the Misses Shields eventually amounted to nearly $200,000.

And so, the hospital was built, at a cost of between three and a half and four million dollars. To-day, it could not be duplicated, it is said, for seven million dollars.

As in the days of its early history, the Toronto General Hospital still continues to have generous, loyal friends, among these none more devoted to its welfare than Sir Joseph Flavelle and Mr. P. C. Larkin, each of whom has been a large subscriber to the Centenary Fund.

Since the Toronto General Hospital began its career in the red brick, four-square building on the corner of King and John Streets, it has seen the City of Toronto grow up from a small town to a big city, and Canada become a great Dominion, stretched from coast to coast.



East Wing, Toronto General Hospital, Gerrard Street

The old Gerrard Street Hospital did its bit heroically as a military base hospital throughout the great world war.

Perhaps most significant of all, from a hospital standpoint, are the changes and advances in medical science and hospital methods and equipment witnessed in one hundred years, the progress made in the direction of life saving and prevention of unnecessary suffering and death.

Referring to this Dr. N. A. Powell, surgeon in charge of the Emergency Department, who had been teaching in the hospital since 1887, said: "Modern medicine has had five great developing elements. First, there is anesthesia, dating back to October 16th, 1846. Secondly, there is antisepsis, introduced by Lister in 1869, and adopted definitely in the Toronto General Hospital after 1885. In the third place, there was the development of bacteriology in 1884 or '85. In the fourth place, there was the introduction of scientific after-care in surgical cases, represented by the nursing movement. In the fifth place, the X-ray developments have made medical and surgical science inestimably more effective.

"The last thirty years have witnessed more advance in surgery than the previous thirty centuries, since the adoption of Lister's discovery. I have said before of Lister, and welcome the opportunity to say again, that it has been given to him to confer on humanity a benefit greater and more lasting than has been given to any other man who has walked this earth. Antiseptic surgery has performed miracles in life saving.

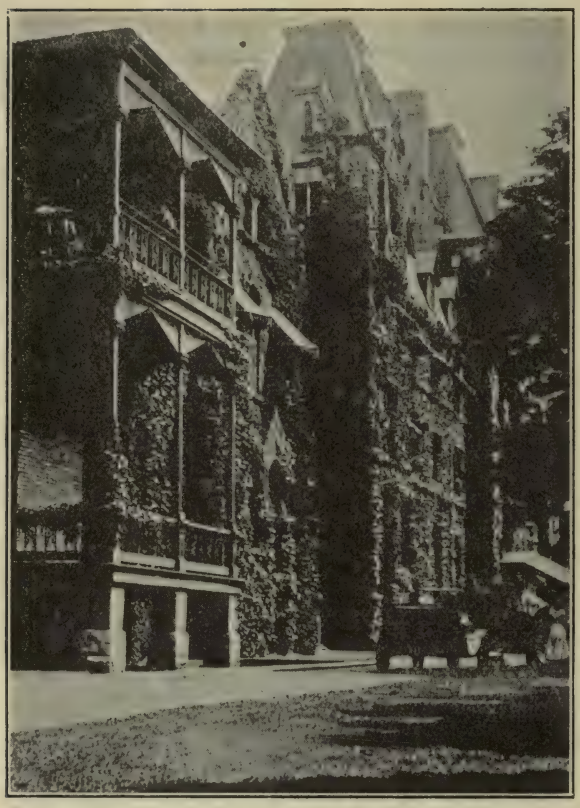
"Before the discovery of anesthesia, it was necessary to perform all major as well as minor operations without relief for the patients, who in large numbers died from shock.

"Not only have we the aid of anesthesia and antisepsis today, but also as our ally the X-ray to locate exactly the seat of trouble.

"All injuries are X-rayed and thus the exact location of a fracture and its nature can be promptly and accurately discovered.

"One of the greatest evolutions in the hospital service has been in the after care, or nursing.

"It was not until almost the eighties that regular trained



West Wing, Toronto General Hospital, Gerrard Street

nursing service was established in the Toronto General. Who did the nursing previous to the eighties? Old women, not very well paid or skilled at that, and ward orderlies.

"The first trained nurse to graduate in an American hospital was Linda Richards, who received her degree from the Bellevue Hospital, New York, in 1875. She subsequently had an important part in establishing nursing schools all over the country.

"In order to give an idea of the kind of women that frequently were engaged to do nursing before that, a disreputable old woman was arrested one night in New York for being drunk and disorderly. At the Police Court she was given her choice of going to the hospital to nurse for one month or going to jail for two months. That is how the nursing profession used to be regarded.

"The beginning of the modern efficient nursing training in the Toronto General Hospital began when Miss Mary A. Snively, a graduate of the Bellevue Training School, New York, assumed the duties of superintendent in 1884."

In 1880 the Board of Trustees had become seized of the necessity for reform in the nursing service, and determined to institute a training school. Though a woman of education, culture, and refinement, the first superintendent did not have the necessary scientific and technical training. Her efforts, however, resulted in the graduation of the first class in 1883-84.

Apropos the tribute of Dr. Powell to Lister, and the triumphs made possible in surgery through the antisepsis, it is stated that before Lister's discovery, mortality from compound fracture of the leg in the Toronto General Hospital was as high as forty per cent. Since the new hospital was opened in 1913, not one patient in the Emergency Department has succumbed as a result of such an accident.

And still, with all it has achieved, the Toronto General Hospital is daily introducing innovations and features of service to increase its disease-preventing and health-restoring value to the community, which benefits by its ministry, a community that grows as the fame of the efficiency of the hospital goes far and wide.



First Graduating Classes, Training School for Nurses, 1883-1884

FORTY-FOURTH ANNUAL REPORT OF THE HOSPITAL FOR SICK CHILDREN AND LAKESIDE HOME, TORONTO

In the Forty-fourth Annual Report of the Hospital for Sick Children is a record of service which surpasses that of any previous year.

While the world-wide increase in the cost of living could not fail to affect this hospital, yet it is noted that the daily cost of caring for each sick child was, by strict economy, kept within thirteen cents of last year's figures; and it is because of the larger number of little patients who occupied the Hospital wards, a daily average of 223, as against 192 in 1918, that the financial statement shows an increase of $19,205 in the amount of the bank overdraft. Thus the deficit on maintenance account is now $109,043.72.

The work last year passed the record. The number of patients was greater than in any previous year, and the work in every department increased.

From the 1st of October, 1918, to the 30th of September, 1919, the total number of patients admitted was 5,065, an increase of 17 over 1918. Of these 2,260 were girls and 2,085 boys; 1,901 were medical cases and 3,147 surgical.

The largest number of in-patients treated in any one day was 280; the smallest, 173; and the daily average, 223.

Of the total 5,065 in-patients, 760 were admitted from 271 places outside of Toronto. In 1918 there were 759 from 266 places.

The total number of out-patient attendances was 36,697. Of these 15,496 were girls and 21,201 boys.

The largest number of out-patients in any one day was 268; the smallest 84; and the daily average 110.

The total number of surgical operations performed in 1919 was 5,257, an increase of 1,073 over the previous year; in the in-patient department 3,008, and in the out-patient 2,249, where also many minor operations were performed which are not tabulated.



Officers B.C. Hospital Association Convention

The total number of days treatment for 1919 for the 5.065 in-patients was 79,461. The average day's stay of each patient was 16. The previous year the total number of days of hospital care was 70,153, almost 10,000 less.

This average days' stay is found by dividing the total number of in-patients, 5,065, into the total days' stay, 79,461, of all patients in the Hospital for the year.

The tabulated returns show the work accomplished in other departments. The total number of patients treated was 5,065 in the wards, and 36,697 in the out-patient clinics. The total expenditure was $335,339.39, which works out, for purposes of easy comparison, at $3.44 per day per cot patient, and that is just thirteen cents more than last year, which, in view of the universally higher prices and the urgent necessity for many repairs, proves praiseworthy economy on the part of the Hospital staff.

By the average citizen a hospital is usually thought of as a great sick room. The direct care of the patients is a feature which makes the most natural and immediate appeal to the philanthropic sentiment, and the care of children, most of all; and yet there are other phases of the work of the Hospital for Sick Children whose results tend to aid and strengthen, not only children, but adults as well throughout the province.

The clinics for medical students, held by foremost physicians and surgeons, ensure not only to the patients the best skill anywhere available, but also furnish the doctors of tomorrow an advanced knowledge of the healing art, which inevitably makes for the physical welfare of the entire province; while the University of Toronto has come to a full realization of the value of the tuitional side of hospital work, and by a liberal system of endowments has made it financially possible for several of its professors in medicine to place a great portion of their time at the disposal of the hospital. Though the Hospital for Sick Children, in accordance with its settled policy, retains its full independence from any measure of outside control, a method of close co-operation with the University has been evolved, from which may be safely foretold gratifying results in the near future.

This is an educational event of prime importance, and the Trustees desire to place on record their lively recognition of the broad vision and public spirit of Sir John Craig Eaton, whose splendid gift to the University of Toronto has allowed this institution to increase its professional personnel in a way which would not have been otherwise possible.

The training school for nurses of the Hospital for Sick Children affords young women an unsurpassed preparation for the noble profession which they are to carry on in the city and province. Here the Hospital has linked in with Public Health work, and the method of co-ordination between the Hospital, the schools and the homes has been paid the compliment of imitation in several municipalities. Every Medical Officer of Health in Ontario knows the value of this phase of the work, and the system employed is being very generally adopted, but without an unfailing supply of thoroughly equipped graduate nurses it must fall short of success. The public, therefore, cannot fail to recognize the claim of the school for the generous support necessary to maintain its notable efficiency.

A candidate should remember that there are great differences in the various Training Schools for Nurses, and she should select the best school that her qualifications entitle her to enter. The best schools are those that have the most experience to offer; the best equipped teachers and classrooms; that do not overwork the pupils; that furnish good living conditions; that look after sick nurses carefully; and that prepare pupils adequately for more than one branch of nursing. The prestige of the school and reputation of the alumnae should be carefully considered. The location has also much to do with the opportunities a pupil may enjoy when off duty.

The Training School of the Hospital for Sick Children offers a very thorough and complete training. At the end of the three years' course the graduates from this school are fully qualified to take place with other nurses, and stand second to none in the profession.

The universal recognition of the importance of the nursing of children is evidenced in the fact that application was made, and we are accepting pupil nurses from three different hospitals, in order that they may obtain some experience in the nursing of sick children.

Numerous applications for post graduate work have been received during the past year, and at present a graduate nurse from Vancouver is taking a six months' course.

It is obvious, therefore, when graduate nurses are applying for a course in children's work, that the value of the training which the Hospital for Sick Children offers cannot be over-estimated.

Only a visit to the Hospital would convey an idea of the immense amount of modern equipment required by a hospital. The Pasteurizing plant, for instance, has a daily output of almost two thousand bottles of germless milk and baby feedings; and the laundry handled over 2,000,000 pieces in the past year, not merely washing, but sterilizing them as well. The refrigerating plant produces each day the equivalent of 12 tons of ice.

As a token of the true friendship shown them by Sir John Craig Eaton, the employees of the T. Eaton Co. have presented in his honor a much-needed addition to the X-Ray Department. This is now under the direction of Dr. A. H. Rolph, and the Trustees are confident that not only will the amplified service meet all the Hospital's own requirements, but that a considerable revenue will be derived from plates and fluorscopic readings for outside cases. Sincere gratitude is felt towards the donors, who gave permanent expression of their good-will towards their employer by following him into the field of his own benefactions—the welfare of the sick and needy.

Dr. J. H. Erb has been placed in charge of the Pathological Department. From the examinations made here come the clues which enable the visiting staff to solve pathological problems, and thus contribute to both medical advance in general and to the Hospital's high record of cures in particular.



Chandler and Fisher, Ltd., Exhibit (2)
British Columbia Hospital Association Convention

This year, for the first time since the outbreak of war, the Lakeside Home for Little Children—the summer annex of the Hospital—was reopened, and this was made possible by the generosity of Sir Edmund Osler, who was insistent that the convalescent patients should not be denied their longed-for outing. Owing to the press of applicants for hospital care, the city institution was also kept going during the summer at about full capacity. On one day there were 105 children at the Lakeside Home and 183 at the main hospital. The total number of youngsters who benefited by the lake breezes was 273.

The Hospital has no endowment fund to fall back upon. To avoid possible misunderstanding, the Trustees desire to inform the public that it draws nothing from any joint appeals made on behalf of the federated charities of Toronto. More than half the Hospital's daily income must be derived from private benefactions.

Every minute fifty cents must be found to keep open the doors of a great charity, which have never been closed against any sick child.

In view of the record of service shown by this forty-fourth annual report which the Trustees have now the honor to submit to their fellow-shareholders in this great and open corporation of child welfare, it is confidently expected that the money necessary to carry on will be forthcoming in abundant measure.

SANITARIUM TRAINING

An educational feature which should have far-reaching effects is noted in the sanitarium training which is adopted by the University of Manitoba as a formal part of the training of fifth year students. The new departure commenced with the session of 1919-20. The Manitoba Sanitarium since 1918 gave instruction in the diagnosis and treatment of tuberculosis to young graduates in medicine and senior medical students. About twenty or twenty-five men have been in residence at the sanitarium, usually for from two weeks to a month at least.

The Manitoba institution is credited with having been the first on the continent of its kind to give the opportunity of such instruction, and to have affiliation for this purpose with a university medical school.

Miss Annie A. Aitken, superintendent of the Rutland Hospital, Vermont, and sister of Lord Beaverbrook, resigned on December 4th, following the investigation into the flag incident in which Nurse McLane, of Woodstock, N.B., figured.

NURSES' DECORATIONS

The following decorations to Canada's nurses were gazetted on December 12th:

Bar to the Royal Red Cross.—Elizabeth Russell, Taplow Hospital.

Royal Red Cross.—Alice Hogarth, Orpington Hospital; Bertha Merriman, Elizabeth O'Dell.

Royal Red Cross, Second Class.—Yvonne Beaudry, Bertha Bennett, Gertrude Belleyard, Leila Brown, Luella Denton, Effie Dewar, Edna Dewey, Margaret Duffield, Edith Frazer, Esther Hammell, Ida Harcourt, Norma Harper, Annie MacDougall, Letitia McConachie, Margaret Murray, Fanny Page, Eva Patterson, Helmina Rice, Mary Sunley, Elizabeth Thom, Ethel Thompson, Eveline Whitney.

HOSPITAL HELPER HONORED

On January 4th a memorial service was held at the General and Marine Hospital, Collingwood, when a bronze tablet was unveiled to the memory of the late Mrs. W. J. Bassett, who was an active member of the Managing Board from the inception of the hospital in 1890 until her death in June, 1918, also president of the board for thirteen years, and honorary president when she died. The unveiling was performed by an old friend and associate of the board, Mrs. Meacham, and the service was conducted by Rev. S. Farley, M.A., in the presence of the lady managers and the members of the Trustee Board. W. A. Hogg, President of the Trustees, presided.

TO REORGANIZE HOSPITAL

The reorganization of the Kingston General Hospital has been commenced. The hospital will be enlarged to give the clinical material necessary for Queen's Medical College and prevent removal of the department to Ottawa. It is proposed to spend $750,000 in the next three years. It has been decided to secure a medical superintendent and the salary has been fixed at $5,000.

OTHER NAMES TO HOSPITALS NOT MILITARY

Further indication of the approach of complete demobilization, is shown by a change of name of a number of Canadian military hospitals. With the exception of such institutions as will be required for the permanent forces, and those which were not required by the department, all except five of the hospitals hitherto directed by the Canadian Army Medical Corps have been transferred to the Department of Soldiers' Civil Re-establishment, and, with the change of management, the word "military" has been deleted from each title, showing that they have become civilian institutions.

Eight hospitals transferred to the Department of Soldier's Civil Re-establishment at Kingston, Montreal, Toronto, Winnipeg, Calgary, Strathcona, Esquimalt and Halifax will now be known as follows: Sydenham, St. Anne's, College Street, Deer Lodge, Col. Belcher, South Edmonton, Esquimalt and Camp Hill.

The general treatment hospitals now operated by the Department of Soldiers' Civil Re-establishment afford accommodation for approximately 5,000 patients. In addition, the Medical Service of the Department of Soldiers' Civil Re-establishment has arrangements by which the patients are admitted to general hospitals in various cities throughout Canada.

On 15th January, 1920, there were 6,902 in-patients on the strength of the Department of Soldiers' Civil Re-establishment. This total includes 1,813 tuberculosis, 696 insane, 100 long treatment cases, and 4,100 general treatment cases. In



Smith & Champion Exhibit (Top); Weiler Bros. Exhibit (Bottom)
British Columbia Hospitals Association Convention

addition, 1,424 patients are shown as out-patients, making a total number of patients on the strength of the department of 8,326. During the week ending 15th January, 1920, the medical service gave 7,587 dispensary treatments and provided medical care for 776 vocational students.

A statement issued by the Department of Militia and Defence indicates gratifying progress in the demobilization of patients in military hospitals. A year ago there were in military hospitals in Great Britain 48,000 Canadian patients. At this date there are practically no Canadian soldiers in hospitals in Great Britain. In military hospitals in Canada the number has been reduced below 3,000.

The only hospitals now remaining under the management of the Department of Militia are: Cobourg Military Hospital, Cobourg; Dominion Orthopedic Hospital, Toronto; St. Andrew's Military Hospital, Toronto; Manitoba Military Hospital, Winnipeg; Esquimalt Military Hospital, Victoria.

The system is to discharge from military service those invalids whose medical condition has reached finality. Should they require further prolonged treatment, it is received in the hospitals of the Department of Soldiers' Civil Re-establishment. The patients in these hospitals have ceased to be soldiers and now rank as civilians. The staffs are also composed of civilians, although in most cases the doctors and nurses have served in the Canadian Expeditionary Force. The process above referred to is going on quietly and steadily, and it is hoped that in the near future one or more of the five remaining military hospitals in Canada will be transferred to the Department of Soldiers' Civil Re-establishment. The results obtained in the respect mentioned have been most gratifying to the military authorities.

HOSPITAL FOR THE EAST END TORONTO

Ald Hiltz introduced a large deputation to the Board of Control, Toronto, on January 21, demanding a civic hospital in some central location east of the Don. It was stated that this portion of the city contained 100,000 people, and that the Gen-

eral Hospital took three-quarters of an hour to reach. The hospital accommodation in the city as a whole is insufficient, it was added.

Rev. Mr. Powell, a Board of Education trustee, in reply to the Mayor, said they desired the city to build the institution. Geo. Shields, another speaker, said the same proposition was up before the war, but there was some dispute as to the site, and the whole matter was thrown overboard. "We want a hospital where a man can go without pauperizing himself," he asserted.

W. D. Robbins declared that medical men had stated it was impossible to get into the General Hospital.

Dr. McDonald, president of the North Riverdale Ratepayers' Association, pointed out the necessity for additional hospital accommodation in the city, and east of the Don in particular.

"If you were taken ill to-day, Mr. Mayor," he said, "you could not obtain a private or semi-private ward in any hospital in this city unless you put someone else out of their room."

"He would not do that," interrupted Controller Cameron.

"In cases of emergency," continued the doctor, "I have spent a half an hour on the phone looking for accommodation, and have only been able to obtain it in public wards."

Alderman Hiltz assumed that they had covered the point that accommodation was needed east of the Don. He claimed that the hospital problem was a municipal one and not sectional, and that the city officials should take the initiative in solving it. He suggested that a certain amount of money be set aside for investigation purposes, as to what was needed and as to what was being done in other cities and countries.

Controller Cameron thought it possible that the time had arrived to consider municipal hospitals. "It may be that we should municipalize the entire business," he said. "In the meantime demonstration could be made in the section where accommodation is most needed.

Sergeant Stock, of the Riverdale branch, asked for immediate action in view of the inadequate accommodation to take care of emergency cases.

Dr. Hastings concurred in the suggestion to appoint a committee to investigate general conditions and the solution of the trouble. He advocated serious consideration on the part of the city in regard to the advisibility of establishing convalescent hospitals. "Many people are spending too much time in the hospitals," he said. "It would give new accommodation for others, and benefit all patients, if they could be removed, when convalescence sets in." He pleaded for an immediate consideration of temporary provision for emergency cases.

The following committee was appointed to investigate existing conditions and study the solution of the trouble: Dr. Hastings (chairman), Commissioner Bradshaw, Alderman Hiltz, Mayor Church, and Controller Cameron.

ST. MICHAEL'S (TORONTO) ASKS $100,000

The St. Michael's Hospital (Toronto) authorities have submitted in writing their request for a grant of $100,000 from the city toward the erection of a new building and an addition to the present one. The new structure, they state, would be seven storeys in height, of brick and stone, fire-proof construction, and would accommodate 150 nurses. The total cost is placed at $375,000.

TRINITY COLLEGE SITE CHOSEN FOR RECEPTION HOSPITAL

Choice of a site for the proposed civic reception hospital constituted the chief business to which the Board of Control devoted its attention on January 21st. Mayor Church and Con. Maguire were anxious that it be established in close proximity to the Toronto General Hospital, but failing to gain their point, voted with their colleagues in favor of the use of a site on the old Trinity College grounds. The former location was advocated by a group of prominent medical men, with Dr. Edmund E. King, President of the Academy of Medicine, at its head, who waited upon the board to discuss the subject. It was argued



Provincial Royal Jubilee Hospital Exhibit (Top); Vancouver General Hospital (Marpole Annex) Exhibit (Centre); St. Joseph's Hospital Exhibit (Bottom)

British Columbia Hospitals Association Convention

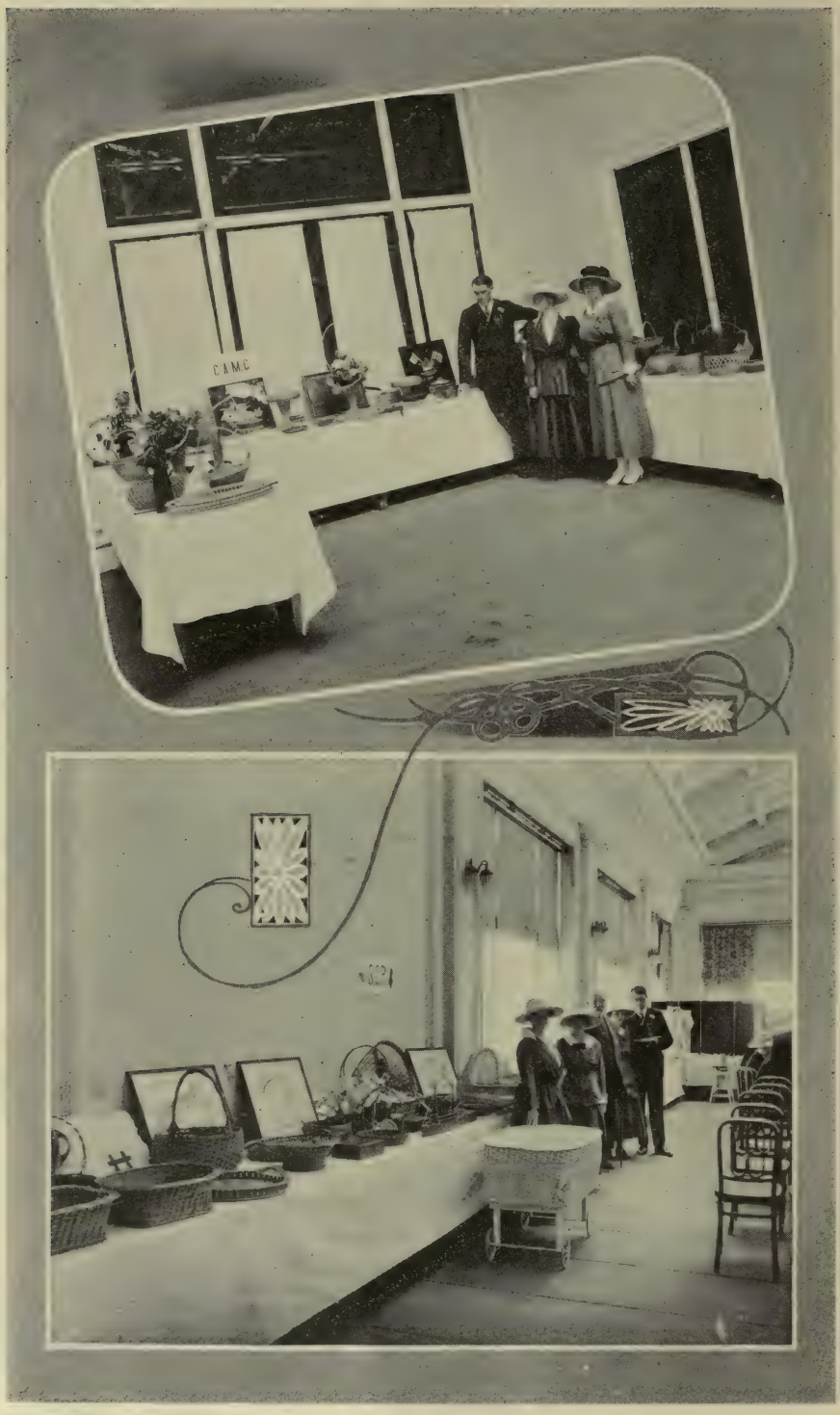
that nearness to the General Hospital would be an advantage both to the patients of the new institution and to the medical profession. For the patients, it was pointed out, consultation with a variety of medical and surgical specialists would be necessary in arriving at diagnoses of their mental abnormalities, while to the profession facilities for the training of students and nurses in psychiatry would be highly valuable. The reluctance of the Provincial authorities to allow the establishment of clinics in the proposed institution and its possible future dominance by the University of Toronto were the chief objections raised against too close a connection with the General Hospital. With Dr. King were Dr. Meyers, Dr. Fred Marlow, Dr. Hamilton, Dr. Moir and Dr. R. D. Noble to represent the profession. They appeared satisfied with the selection of what they regarded as a second choice in the matter of sites, as it at least represented actual progress toward the erection of the much-needed institution.

MISS WALLACE NEW MATRON

Nursing Sister A. C. Wallace, for the last few months stationed at Newmarket Military Hospital, has been appointed matron of Central Military Hospital, College Street, Toronto. Miss Wallace went overseas with the Ontario Government Hospital. Later she went to France, where she spent two years.

BRANCH OF COMMISSION OF CONSERVATION NOW GOES TO FEDERAL DEPARTMENT

The Department of Public Health, which has been conducted in connection with the Commission of Conservation, has been amalgamated with the Federal Health Department under Dr. Amyot. Dr. C. A. Hodgetts, who was medical adviser to the Conservation Commission, is now in charge of the division of sanitary statistics and also the information, publication, library and circulation branch of the Federal Health Department.



S. C. R. Exhibit

British Columbia Hospitals Association Convention

WORK ON NEW ST. MICHAEL'S WING TO START SOON

Work will shortly be commenced on the new Nurses' Home and operating suite in connection with St. Michael's Hospital, Toronto, and it is anticipated that the new wing will be completed and occupied before the end of the year.

The operating suite, which will be located on the top of the new wing, will be provided with five operating rooms, fitted up in the most up-to-date manner. The Nurses' Home will accommodate 150 nurses. There will also be class rooms, a lecture hall and reception hall. The total cost of the wing will be in the neighborhood of $400,000.

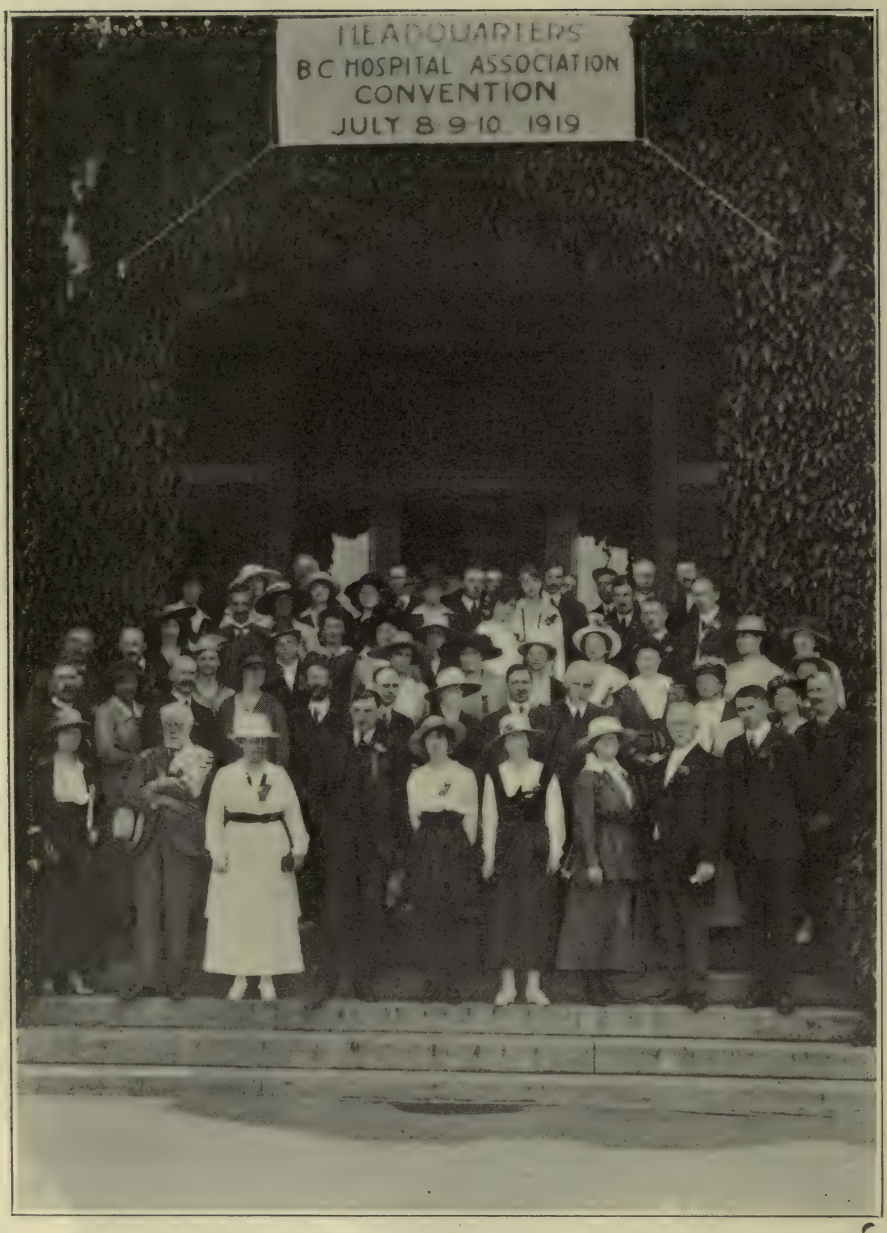
FIVE HOSPITALS GET $231,352 FROM CITY

The Board of Control, Toronto, recently recommended that city hospitals be aided to the extent of $231,352, which will be paid out of 1920 taxes. This amount is to meet deficits and, in the case of the General, helps to wipe off a capital debt, the remainder of which is to be cancelled by the university and by private subscriptions. The grants approved to-day on joint recommendation of the City Treasurer and Health Officer are as follows:

Hospital for Sick Children	$ 55,000
Consumptive Hospital	22,800
Western Hospital	14,152
Grace Hospital	14,400
	$106,352
Toronto General (capital)	125,000
	$231,352

Controller Cameron moved a grant for the Women's Cottage Hospital, but it was decided to have them make application to City Council Monday. Controller McBride intimated that St. Michael's intends to extend, and will likely ask help.

The grants cover the requests made by the various hospitals,



Convention Group

British Columbia Hospitals Association Convention

except in the case of consumptive hospitals, where the amount has been cut in two; "because depreciation allowance was included in their deficit," Controller McBride explained.

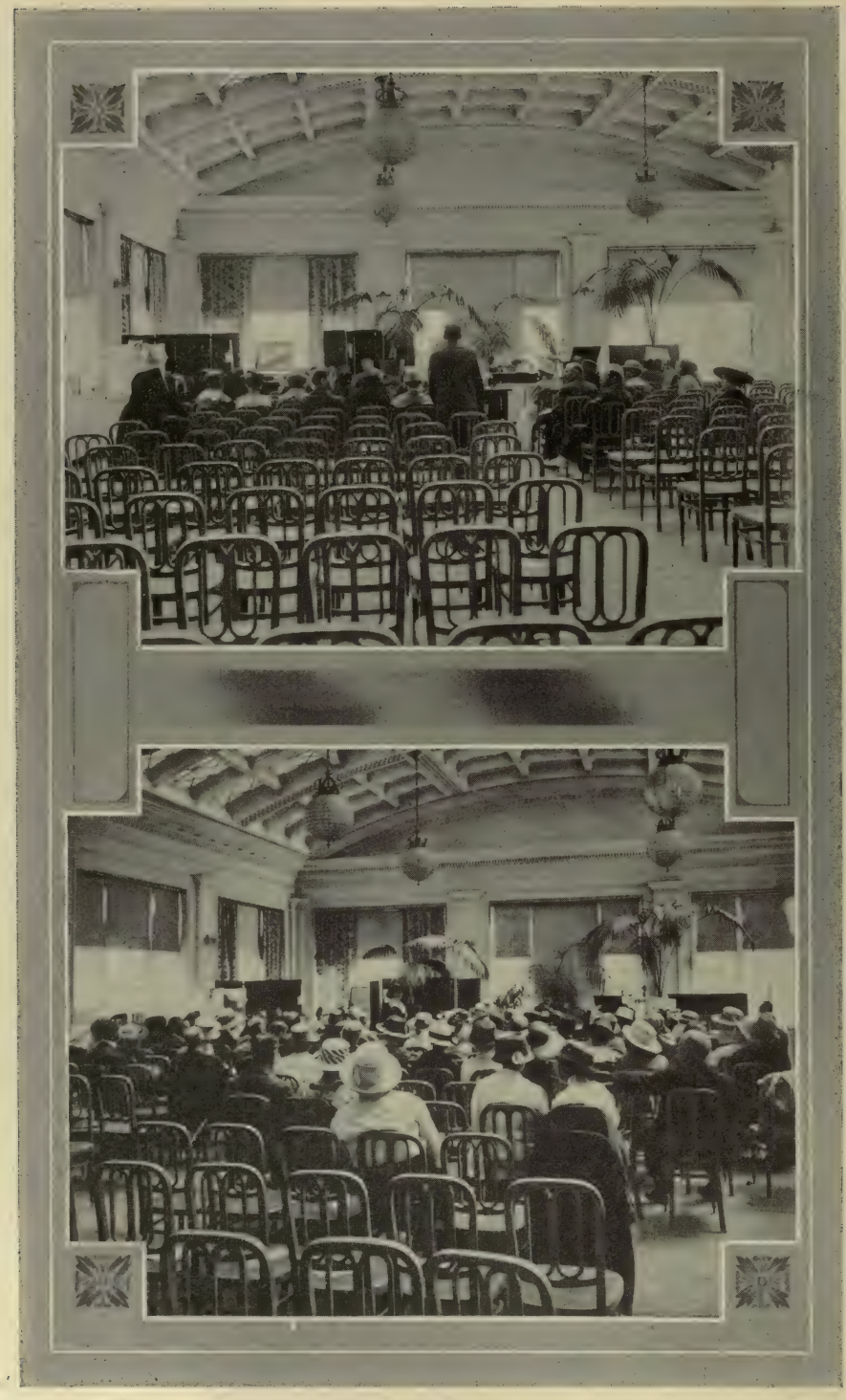
Another report from the officials on the General Hospital situation recommended (1) that a per diem allowance be agreed upon between city and Government to cover the actual cost of city patients, and (2) that a hospital commission be created to deal with such matters as arise between the hospitals and the city. The controllers favored the commission idea, but Messrs. McBride and Maguire thought this a bad time to fix a per diem cost, as costs are abnormal. The whole question of general policy was therefore left over until next year.

The grants, however, were approved, that to the General Hospital being conditional upon the trustees raising the remainder of their capital deficit.

TO ASK INCREASED GRANTS

A CONVENTION of representatives from the various provincial hospitals met in the nurses' residence of the Toronto General Hospital on January 29th to discuss the question of forming a provincial hospital association, to further co-operation, and to decide on application to the Government for an increase in hospital grants, to assist in meeting the increased expenses of maintenance.

Invitations were extended to 75 provincial hospitals, but many representatives were unable to attend, and the morning session was attended by about 15 delegates, including C. J. Decker, Supt. of Toronto General Hospital; A. A. Eby, Kitchener and Waterloo Hospital; Capt. Burton Holland, Hospital for Sick Children, Toronto; F. D. Reville, Brantford; Dr. D. M. Robertson, Ottawa; Dr. W. F. Longuill, Hamilton; Dr. Robert Kerr, Sarnia; W. P. Downes, Hamilton; Con. R. H. Cameron, representing the Women's Cottage Hospital, Toronto; Mrs. H. M. Bowman, Supt. Women's Cottage Hospital; Mrs. Rutherford, of the same institution; Mr. Dunlop, Woodstock; Sister Milbury, Sister De Paggi and others.



Convention Hall

British Columbia Hospitals Association Convention

It was moved by Mr. Dunlop and seconded by Mrs. Rutherford, after a lengthy discussion on percentages, that the hospitals of the province apply for a grant from the Government of 75 cents per day, and from the municipalities of $1.75 per day for each indigent patient.

It was also decided to ask for the same grant for sick children, and for 95 cents from the Government, and 40 cents from the municipalities for all babies not ill.

It was moved by Dr. Langwill, of Hamilton, and seconded by Mr. Reville, that a committee be appointed, consisting of Mr. Decker, Toronto; Dr. Robertson, Ottawa; Dr. Kerr, Sarnia, and Mr. Eby, Kitchener, to notify the hospitals of Ontario of the action taken at this convention, and to arrange for the formation of an association.

Controller Cameron favored asking $1.50 from the municipality and $1 from the Government, but later he voted in favor of Mr. Dunlop's amendment.

Mr. Decker made a plea for hospitals like the General, where all kinds of special services may be obtained, and yet the grant is the same as for hospitals where these services are not available. It cost the General Hospital $3.49 per day for patients last year, and this did not include special services. It is costing the General Hospital now $3.85 per day for each patient.

MENTAL CASES TO WHITBY

On January 22nd, a special coach, containing sixty-two patients from the Queen Street Hospital for the Insane, was coupled to the regular train for Whitby. This made the seventh coach of patients who changed their address to Whitby. The balance of the patients left during the following few days. The number of patients transferred, which is approximately 800, is more than 80 per cent. of the hospital inmates, and when the transfer is completed there will remain only two hundred aged and infirm cases which cannot be moved because of their condition and the present cold weather.

According to the medical authorities at the hospital, between

forty and fifty per cent. of all cases accepted at the institution are cured. With the transfer to the new hospital, which has pleasant surroundings, it is hoped to make the percentage higher.

THE extensive Military Hospitals on Camp Hill, Halifax, have been closed.

A NEW psychopathic clinic has been opened in the Winnipeg General Hospital; there are thirty-two wards. The clinic will be under the direct administration of A. T. Mathers, M.D., C.M.

THE children's pavilion at the Provincial Sanitarium, Fort Qu'Appelle, was officially opened by Premier Martin recently. The new hospital is a gift of the Provincial Chapter, I.O.D.E., to the Anti-Tuberculosis League of Saskatchewan.

AN application has been made under the Municipal Hospital Act for the creation of seven new hospital districts in Manitoba—Birtle, Deloraine, Melita, Pipestone, Souris, Ericksdale and Russell. The aggregate cost will be approximately $200,000.

THE amalgamation of the Protestant General Hospital, Ottawa, with St. Luke's, is not far distant. Both boards approve the project, and it has been definitely concluded that the needs of the city could not be any longer met under the present system of divided control. The only solution of the difficulty is the establishment of a civic hospital. A bill has been passed by the Ontario legislature authorizing the city to issue debentures to cover the necessary cost and appoint a board of trustees. When the hospital assets are transferred to the Corporation of Ottawa, it is hoped that the city will establish and maintain a 500-bed hospital.

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One of the most objectionable things in any institution is the presence in the pantries and kitchens of cockroaches and beetles, or in the wards and servants' quarters, fleas and bugs. Few hospitals are free of these pests, so that medical superintendents and superintendents of nurses welcome any preparation that will get rid of such live stock. Keating's Powder has proved itself to be a successful exterminator of all such and, where it has not been tried, should be promptly ordered, as once used it will not be substituted.

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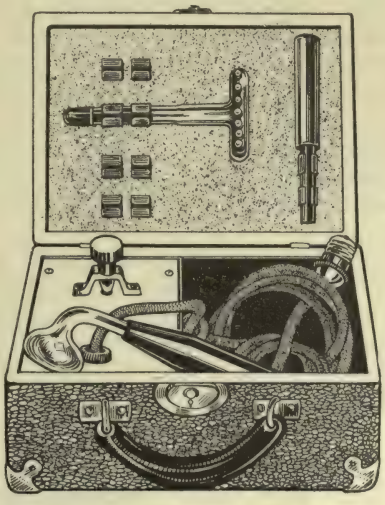
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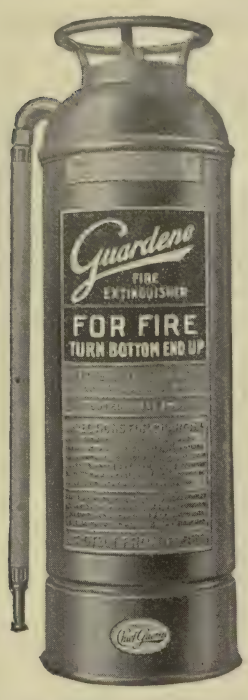
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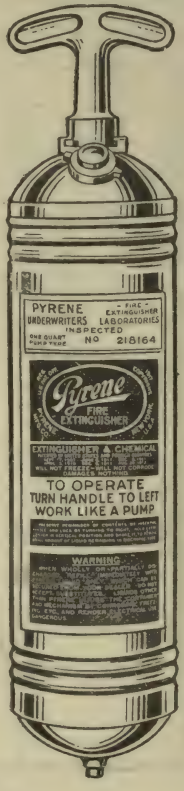
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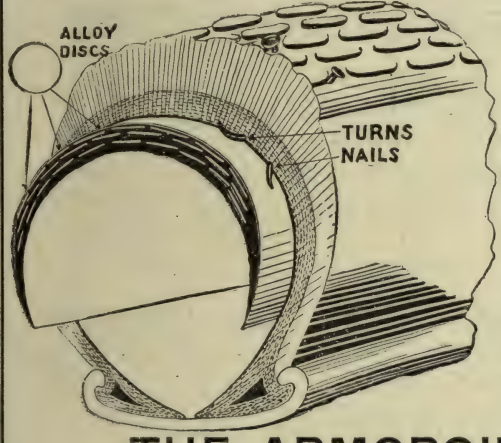
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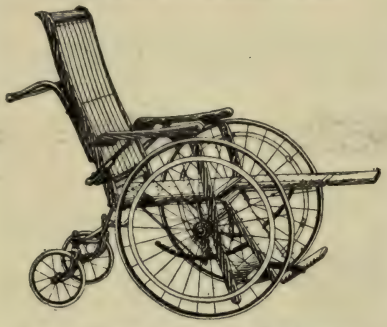
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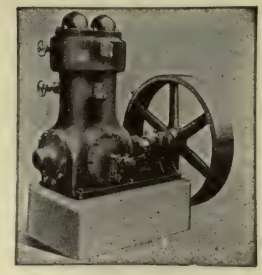
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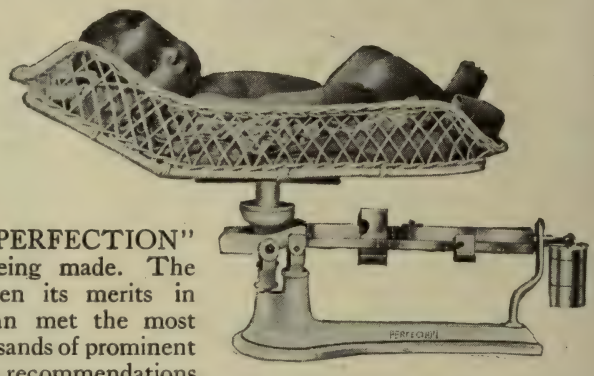
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THE HOSPITAL WORLD

Vol. XVII Toronto, April, 1920 No. 4

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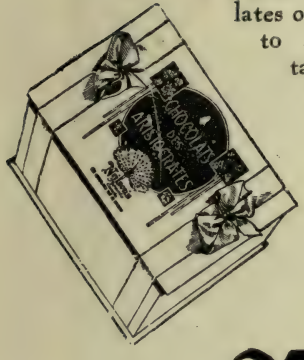
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Reliable Products always at Fair Prices

Curity

Absorbent Gauze	**Bandages**	**Adhesive Plasters**
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New supplies with the dependable characteristics which merit in every way the Curity trade mark

Sheets	Sheetings
Pillow Cases	Diaper Cloth

Lewis Manufacturing Co.

Walpole, Mass., U.S.A.

New York Philadelphia Cleveland Chicago
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CELLUCOTTON

TRADE MARK COPYRIGHTED

Manufactured by Kimberly-Clark Co., Neenah, Wis.

Try for Yourself this Absorbency Test for Cellucotton

Suspend equal amounts of Cellucotton and absorbent cotton over a bowl of water, immerse about ¼ inch of the end of each in the liquid. At the end of 15 minutes you will find the fluid drawn to the very top of Cellucotton and not more than an inch and a half up the cotton. We will be glad to send a sample of Cellucotton for this test.

Cellucotton is more economical than cotton for many kinds of hospital work. Send for our prices.

Exclusive Selling Agents

Lewis Manufacturing Co.

Walpole, Mass., U.S.A.

New York Philadelphia Atlanta Chicago
Cleveland Kansas City Oakland

Naumkeag Steam Cotton Co.
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PEQUOT SHEETS AND PILLOW CASES

Standard for Homes, Hospitals and Institutions

Selling Agents:
PARKER, WILDER & CO.
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20th Century Physician

has at his elbow the knowledge, experience and discoveries of the ages to assist him in the alleviation of the ills of mankind. Nevertheless, he knows that modern medicine has produced remedial agents that in every respect far surpass anything discovered hitherto.

Especially in the treatment of chronic intestinal stasis he has learned through experience of an unvaried success in thousands of cases that "If Nature won't, Pluto will."

PLUTO

FRENCH LICK SPRINGS HOTEL CO.
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IMPORTANT ANNOUNCEMENT

In view of troublesome cases of Glossitis and other mouth conditions that Physicians frequently meet with, due directly to the use by infants of "Soothers" manufactured from rubber compounds containing impurities, Physicians should note that the **"Aristo"** and **"Empire"** Jelly-Filled "Soothers" sold by us are:



1. Absolutely free from any and every deleterious substance.
2. Are made of pure transparent rubber.
3. Are Tasteless, Odorless and Non-Collapsible.
4. Are manufactured under the most sanitary conditions.

We will appreciate exceedingly the co-operation of the Medical Profession, who can rest assured that we will use every possible effort to turn out goods worthy of their endorsement.

THE PEERLESS RUBBER COMPANY, LTD.
Carlaw and Eastern Avenues - - Toronto

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TRADE MARK

CHOCOLATE, MILK AND SUGAR IN POWDER FORM, SCIENTIFICALLY COMBINED. MADE IN A MINUTE BY THE ADDITION OF BOILING WATER ONLY

A DIGESTIBLE FOOD BEVERAGE OF VERY HIGH NUTRITIVE VALUE

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SAMPLE ON REQUEST

92% OF THE HOSPITALS

WHO FAVOR US WITH THEIR PATRONAGE, BUY

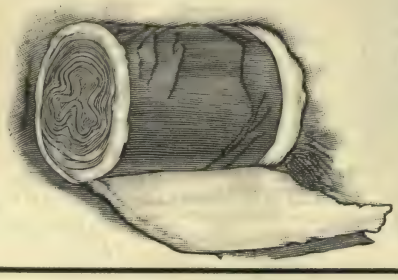
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The Low-Priced Absorbent Cotton of Quality

in preference to other brands, because it is better value at the price than any other brand on this market.

Guaranteed pure, sterile—passes through the same 50 different operations as our higher grades—sells for less because made from short staple cotton which costs less than long fibre cotton though quality is identical.

Investigate—A postcard brings samples and prices to your desk.



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Announcement to the Medical Profession of Ontario

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Established 1861

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Both leaders in the Artificial Limb and Appliance Industry in the United States and Canada, join forces and establish a thoroughly equipped factory in Toronto.

Separately they were the largest and most reliable firms. United they become the acknowledged principals in Orthopedic work in Canada

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Accuracy -- Our Watchword

Knowing and appreciating the vital importance of filling prescriptions to the letter, we guarantee our work to be correct in every detail

Have YOU tried our Service?

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6 Limited BLOOR ST E

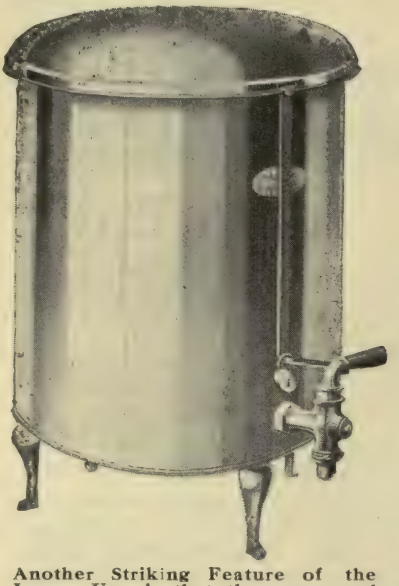
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THE STANDARD SALINE LAXATIVE



Samples on request

Bristol-Myers Co.
New York



Another Striking Feature of the Lyons Urn is that the cover and faucet can be locked after each meal

Milk Troubles

Butterfats
Sanitation
Waste
Labor
Economy
Convenience

Lyons Urn Solves Your Milk Troubles

Lyons Sanitary Milk Urn

is the only urn that dispenses milk containing the proper percentage of butter-fats in each and every glass served, without any mixing or agitating mechanism and it makes no difference whether the milk remains in the urn two minutes or two days. Place the day's supply of milk into the urn and draw it off through the faucet as you need it, and the milk will always be sweet, clean, cold and fresh.

HOW LYONS URN PAYS FOR ITSELF

If you are using bottled milk, figure out the difference between the cost of bottled and bulk milk, then multiply this difference by the number of quarts purchased daily. This proves how much money can be saved daily for 365 days in the year. Lyons urns dispense milk just as rich and sanitary as bottled milk and is more convenient to handle and keep cold.

Dipping milk out of a can with a ladle or placing the milk in pitchers is sloppy, wasteful, and unsanitary ; furthermore, the first ones get the cream while the others get what is left, all the skim milk.

Five glasses of milk can be drawn from the urn while one is being served the ordinary way.

Economical for Messhall, Wards and Diningroom Service.

LYONS SANITARY URN CO.

235 EAST 44th STREET NEW YORK CITY

Quotations from Doctors: No. 1

"To mention the hygroscopic action of glycerine to any one who has the slightest knowledge of chemistry, is unnecessary. But, to be able 'to harness' this action and utilize it as a therapeutic agent of great potency, is worthy of note.

In Antiphlogistine TRADE MARK

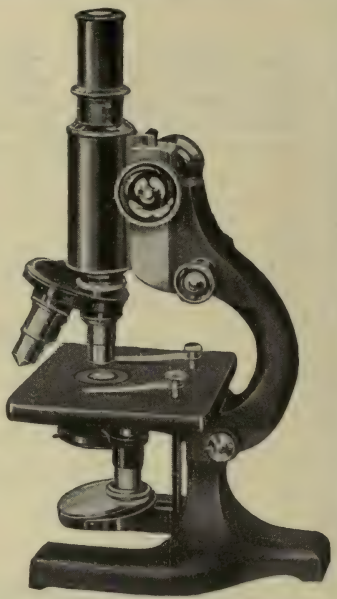
we have such a combination; and it has stood the test of many years. It has shown that, in proper mixture with a suitable base, the acknowledged osmotic power of glycerine may be greatly intensified; that through this action congestion in all tissues may be reduced, thus relieving pain from distention . . . . and acting as a stimulant to normal circulation, and hastening resolution."

THE DENVER CHEMICAL MFG. COMPANY
MONTREAL

SPENCER SCIENTIFIC INSTRUMENTS

whether ***Microscopes, Microtomes, Delineascopes, Haemometers or other apparatus***

make an instinctive appeal to the clinical laboratory worker.



Spencer Microscope No. 44H, completely equipped for medical work, including immersion objective in cabinet $132

It isn't only their accuracy and utility, it's something in the finish, even more in the design, but in addition to all these, it is those little things---clever little devices, which accomplish the same end, but in a better way---exactly the way that the laboratory worker wants them. These are the distinctive features of Spencer instruments, made distinctive because our designers---experienced laboratory men, possess the laboratory view-point.

SPENCER MICROSCOPE NO. 44H

has two non-competing advantages:

I. A side-fine adjustment with a screw which has *34* threads engaged at all times instead of but the equivalent of *one* as in other makes.

II. A side-fine adjustment which has a "Lateral Travel" ---an index to its position relative to its limits.

These, coupled with other advantages, optically and mechanically, make this microscope ideal for medical work and helps to explain why the British and French governments as well as the American government chose it for war work at the front. Nearly 10,000 of them went to war to help save the health and lives of the noble boys of the Allied Cause.

FREE CATALOGUE SENT ON REQUEST

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SPENCER BUFFALO U.S.A.

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Tell her: "Nothing will do but Lifebuoy"



There is no other soap that combines the finest cleansing powers with effective antiseptic qualities so conveniently as

LIFEBUOY HEALTH SOAP

For this reason it is the most effective of all soaps for use in the sick-room, for the toilet or for the home. Notwithstanding its low price, Lifebuoy is made from the purest base and may be used to advantage on the skin of the youngest infant. Thousands of people will use no other than Lifebuoy for every soap purpose.



All Grocers and Stores sell it.

Lever Brothers Limited - Toronto

It's So Full of Cleansing Action

The first time you use it you will realize that Minty's adds zest to the joy of living. It seems so full of punch and vigor that you know it has done its work well.

Minty's Tooth Paste

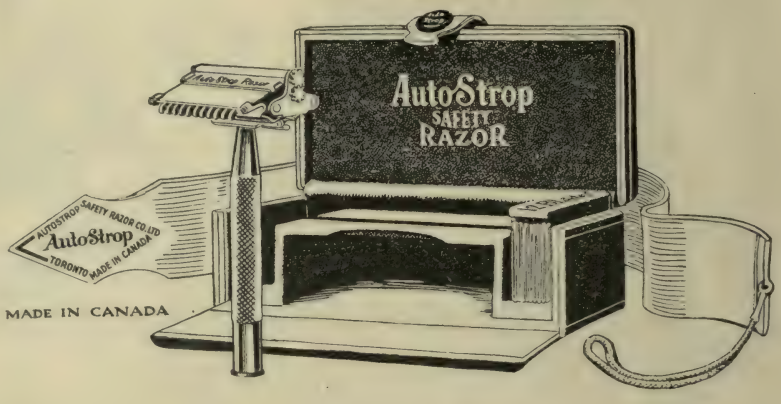
is the proved 100 per cent. mouth antiseptic that cleans the teeth and sterilizes the mouth and brush.

Its pleasant, refreshing taste and remarkable lasting effect exhilarates the senses with a feeling of wholesome cleanliness.

The first tube you use will prove its worth.



PALMERS LIMITED - MONTREAL



For the Operating Room the AutoStrop Razor

The AutoStrop Razor is particularly suited for surgical purposes because

1. No skill is required in its use. Surgeon, house surgeon or nurse can shave the skin of the patient with the greatest ease.
2. The patient is not exposed to the slightest danger of injury.
3. The blades are always ready and can be sterilized with the other instruments.
4. The stropping feature enables you to bring the blade edge to any desired keenness.
5. The AutoStrop Razor is easily kept antiseptically clean.
6. Stropping, shaving and cleaning are done without removing the blade from the razor.

Practically every advanced dressing station and field hospital in France and Belgium during the war used the AutoStrop Razor. It is used regularly on surgical cases by the Operating Staff of St. Michael's Hospital, Toronto.

The AutoStrop Razor is obtainable everywhere at $5 for razor, strop and 12 blades complete, in a neat, compact case.

AutoStrop Safety Razor Co. Limited

AUTOSTROP BUILDING, TORONTO, CANADA

Connell Anaesthesia Apparatus

The Connell Suction Insufflation Apparatus

"BUILT FOR SERVICE—NOT ON PRICE"

WITH CASE OR HOSPITAL STAND, $185.00



"IT'S SILENT"

The CONNELL SUCTION INSUFFLATION APPARATUS embodies all requirements for suction and for intratracheal, intrapharyngeal and closed ether vapor Anaesthesia complete in one machine.

It will deliver the required eighteen liters per minute of air for such work (more if needed).

Vaporizes ether by drop method through sight feed.

Delivery of ether and air controlled independently.

Ask your dealer for demonstration or write us for further particulars.

SCIENTIFIC APPARATUS COMPANY

162 WEST 34th STREET NEW YORK CITY

Connell Gas Oxygen Apparatus—The Anaesthetometer—Connell Suction Insufflation Apparatus

PHYSICIANS PREFER

GLOSS Satinette FLAT

WHITE ENAMEL

SANITARY

WASHABLE

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Will Not Turn Yellow

Elastica The Perfect Floor Finish

Send for Sample Paper

INTERNATIONAL VARNISH CO. LIMITED

TORONTO ONTARIO

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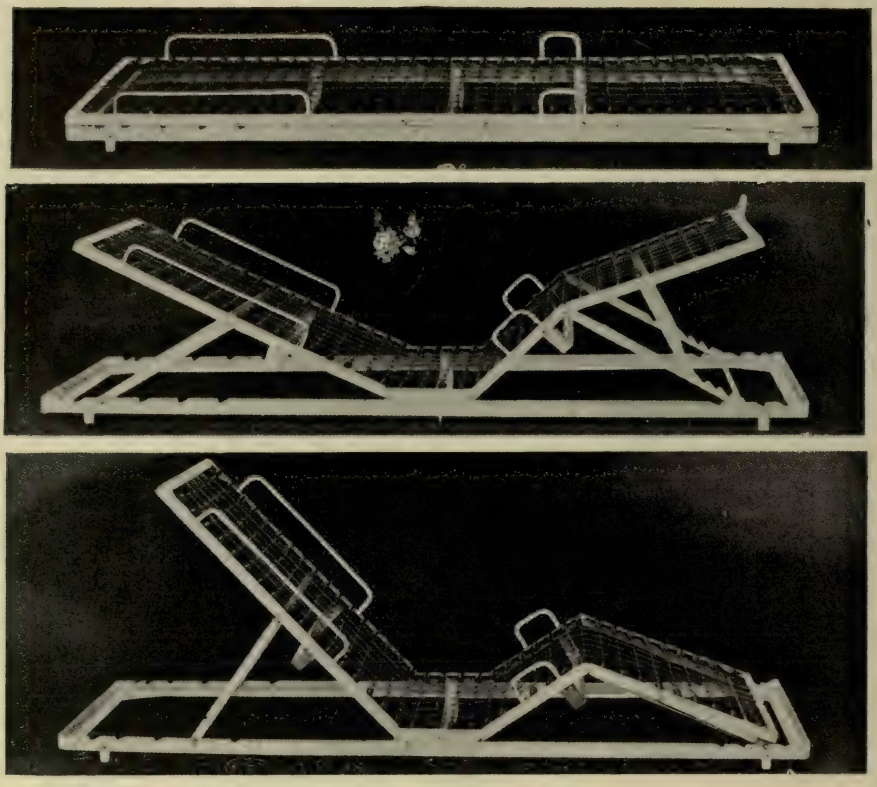
takes this opportunity of announcing to the Medical Profession and the Hospitals that he has settled in Toronto (after three years' military service) and is **specializing in scientific massage. He intends confining his practice to treatment as prescribed by the attending physician** and under every circumstance will co-operate with him.

Mr. Holmes will greatly appreciate having cases referred to him by the profession. Mr. Holmes received his training at The Scottish Electropathic Institute and College of Massage, Glasgow, and for years was connected with the Glasgow Royal Infirmary, as masseur and Instructor to Nursing Staff.

322 St. George Street, Toronto

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SIMMONS INSTITUTION BEDS



Patented Universal Adjustable Mattress Bottom
Number 15058

(Shipping weight approximately 65 pounds)

THIS special adjustable mattress bottom is a valuable and important adjunct to the comfort and service of any hospital bed. It is designed for comfort—built for service, and, in construction, is so standardized that it will fit any Simmons institution bed, resting securely on the frame, over the fabric of the bed.

The three illustrations on this page show the simplicity of this equipment; they also show a few of the many different changes of position that can be permitted the patient through its use. Construction is of strong angle steel; yet the frame is light. The fabric is our regulation Simmons patented, galvanized, twisted link, rust-proof fabric, suspended by heavy helicals. Hand guards conveniently placed provide for quick and easy change of position. Supplied in aluminum finish only.

This mattress bottom is also equipped with a special Simmons feature—four adjustable clips, one on each corner to prevent bottom from slipping out of place on frame.

SIMMONS LIMITED

Executive Offices : MONTREAL
Works: St. John, Montreal, Toronto, Winnipeg, Calgary, Vancouver

THE efficiency of the Durham Duplex Razor was put to a severe test on the battle-fields of Europe during the World War. Many a comfortable shave was had by the men in the trenches, under otherwise uncomfortable conditions. It was in evidence in the rest billets and camps. In the hospitals, doctors and nurses found the Durham Duplex Razor indispensable in treating wounds that required the removal of the hair. Shaving was absolutely safe, blades could be quickly replaced when necessary, and sterilization of all parts was readily effected.

DURHAM-DUPLEX
A Real Razor—made Safe

Durham Duplex Razors have been used in hospitals, clinics, etc., for many years, both for professional purposes as well as by the doctors for personal use. They realize that the principle is right, and that it enables them to shave with the sliding, diagonal stroke—down and across the beard—with comfort, speed and perfect safety.

Sold by wholesalers and all leading dealers
or direct throughout Canada



Durham Duplex Razor Company, Limited
50 PEARL STREET, TORONTO, ONT., CANADA

FACTORIES
Jersey City Sheffield Paris Toronto

QUOTATIONS FROM—

"THE LANCET"

The Durham Duplex Razor Safety, therefore, admits of that satisfactory diagonal sweeping stroke across the face, which leaves a perfectly smooth surface. The beard yields readily before its movement. It shaves, and does not in the least degree scrape. The keen edges last a long time. The moment its advantages are learned the razor becomes a favorite. The razor we examined and submitted to careful practical trial.

"THE BRITISH MEDICAL JOURNAL"

The Durham Duplex Razor Safety is well guarded so that an accidental cut seems almost impossible, while to many who have been in the habit of shaving themselves for years it will present the advantage that it can be used in the way to which they are accustomed in rounding corners and negotiating wrinkles.

Man's Fight for Life

Science is ceaselessly fighting the ravages of disease bacilli—the germs that breed disease and are carried in the atmospheric dust. Dust must be kept down and banished from hospitals and sick rooms.

In the Hospital

In the hospital, man makes his supreme fight against disease and must have every aid of science and sanitation. Protection against germ-laden atmospheric dust is almost as essential as medical attendance and care.

IMPERIAL STANDARD Floor Dressing

captures and holds atmospheric dust so that it cannot raise from the floor. Imperial Standard Floor Dressing is sanitary, non-evaporating, non-gumming. One gallon will cover between 500 and 700 square feet of floor surface and one application will last for three or four months. In addition, Imperial Standard Floor Dressing acts as a preservative to wood floors, linoleum and oil-cloth. It is sold in one and four gallon cans, half-barrels and barrels by dealers everywhere.

IMPERIAL OIL LIMITED

Power · Heat · Light · Lubrication

BRANCHES IN ALL CITIES

WHY THE

VORTEX CUP

has received the unanimous endorsement of the

MEDICAL PROFESSION



Because it is **absolutely sanitary.** It **prevents the dissemination of disease** that is all too prevalent, particularly in public drinking places, restaurants, cafes, etc. Health Officers now rightly condemn the old-fashioned public drinking cup and will not permit its use, where known. With the VORTEX SERVICE, a fresh cup is used each time. These cups are odorless, have no paraffin coating inside and cost but a trifle per hundred. The VORTEX SERVICE **should be installed in every hospital in Canada,** not only for the above reasons, but because it eliminates breakage and the use of borax, soap, washing compound, towels and time.



Physicians will consult the interests of their patients by urging them to give preference to those cafes and restaurants that have their places so equipped.

Full information and prices on request

Canadian Wm. A. Rogers Limited
TORONTO

Clinical Thermometers

GOOD and BAD



In line with the arguments which we have advanced on the subject of Clinical Thermometers, in recent issues of this paper, its readers will be interested in the following EXCERPT FROM THE BOSTON TRANSCRIPT of January 23, 1920:—

The Clinical and Its Functions

"The clinical thermometer is a very delicate instrument, the use of which is largely restricted to those who have been trained in medicine or nursing. The value of the instrument depends entirely upon its ability (1) to indicate accurately the temperature of the human body; (2) to repeat the same temperature reading under the same conditions; and (3) to hold or 'register' the maximum point until such time as the practitioner wishes to reset it for another observation."

"The accuracy of the thermometer depends upon the purity of the mercury used, the absence of air specks, and the finest possible adjustment of the constriction or trap, whose working is microscopic and which is the essential factor in making the thermometer 'self-registering.'"

"In regard to the importance of securing exact and accurate readings from the clinical thermometer, it seems scarcely necessary to expatiate. The records which it provides are an important matter to the physician in modern medical practice, both in determining his diagnosis and in following and controlling the course of a disease through all its later stages. In using a clinical thermometer it is necessary always to shake the mercury down below normal before setting it for another reading. Thermometers of poor quality may shake down very easily, but many of them shake down so easily that they do not register the maximum temperature. This is perhaps the worst fault the clinical thermometer can have, and it is particularly dangerous when used on patients suffering from tuberculosis, pneumonia or appendicitis."

Determining Upon Its Accuracy

"The problem of deciding whether a clinical thermometer is accurate—whether it is an instrument of error or a guide to truth—is very difficult. No simple testing by the eye will give any sufficient indication, as it will in the case of a watch, which can be fairly closely tested by any observer merely by comparison with a chronometer."

"In large part even the profession has had to rely upon inadequate means of establishing the quality of the clinical thermometers offered for sale, while the general public has been almost wholly at the mercy of chance in the premises."

"To test a clinical thermometer requires special apparatus and standards which have been certified by a Bureau of Standards."

How the Massachusetts Law is Working Out

Since the law went into effect in Massachusetts governing the standardization and sale of Clinical Thermometers (General Acts of 1917) the Commissioner of Weights and Measures has been very active in testing Thermometers with reference to their value as measurers of temperature in the human body.

"Those instruments were passed which showed that they were practically safe under any condition of service. Those which were open to serious question or were proved to be dangerous were rejected and held for further observation."

"The first tests were harrowing and fully justified the enactment and enforcement of the law. Quantities of thermometers were picked up in which three out of four, or seventy-five per cent. were rejected, while the general average covering the testing of nearly 10,000 thermometers has shown a rejection of one out of four—or twenty-five per cent. Later tests made after the law had been in operation for some time show a decidedly improved condition."

"Those manufacturers who proved to be making and selling reliable thermometers were given a license to certify and seal them in their own laboratories. This seal: the printed abbreviation 'Mass.' with the manufacturer's designating mark, must appear on any clinical thermometer offered for sale in the Commonwealth of Massachusetts. The penalty for offering for sale unsealed thermometers is a fine of fifty dollars for each thermometer thus exposed. The man with the goods on hand is the man whom the law holds liable."

"By this means, the public is protected, as each thermometer is supplied with a certificate of accuracy, bearing the maker's name. If the thermometer proves to be not up to the State standard, the certificate becomes evidence of malicious fraud and for this reason the manufacturer's certificate should be carefully preserved even though the corrections noted have been memorized."

"In testing, it developed that hundreds of so-called certificates had been issued which, aside from the certificate number, bore no relation whatever to the accompanying thermometer, but falsely claimed to represent verifications never made. And very rarely did they bear the manufacturer's name."

"The results obtained after a year of earnest effort in testing thermometers and inspecting manufacturing plants are sufficient proof of the efficiency of the department and the value of the laws. With the ever widening circle of the users of clinical thermometers, there will be an increasing appreciation of what has been done in Massachusetts, and it is to be hoped a determined movement on the part of other States to measure up to the level of industrial honesty established here in this matter."



The Randall-Faichney Company, Inc.

BOSTON, U.S.A.

Manufacturers of HARVARD CLINICAL THERMOMETERS
Guaranteed Accurate and Reliable while unbroken
Massachusetts License No. 1—"Mass. R.F."

HARVARD Clinicals

Hospitals, Asylums and Sanitoria in need of

Fire Escapes, Window Guards, Iron Fence, Ornamental Wire Fence or anything in Iron or Wire Goods

should communicate with

A. R. LUNDY

257 King Street West Toronto

He specializes in goods of the above description and will gladly quote prices, submit designs, etc., on application.

PHONE ADELAIDE 3108



DESCRIPTION OF DOLL.—Over 5 feet tall, made of finely woven stockinet. Is durable, waterproof and sanitary. Has copper Reservoir which has three tubes leading into it, corresponding in location and size to the urethra, vaginal and rectal passages.

No Hospital Training School complete without

The Chase Hospital Doll

Adult size, also infant models, 2, 4 and 12 months, and 4-year-old sizes.

Chase dolls are well made of cloth, jointed, and painted with waterproof paint, with internal reservoirs.

The Value

of this substitute of a living model is found in the many practical lessons which can be taught in the class room, such as handling of patients, administering enema, douching, probing in the ear and nose cavities—in short, the complete care of the patient.



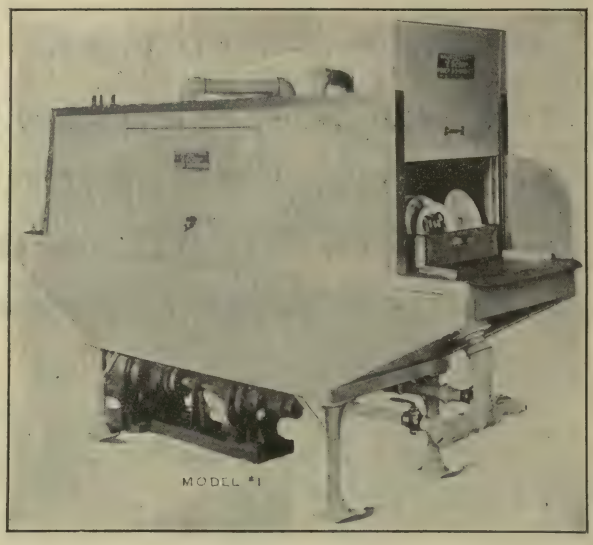
We make dolls without reservoir if desired. Send for illustrated booklet giving full particulars.

M. J. CHASE

22 Park Place, Pawtucket, R.I.

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Toronto General Hospital
Mt. Sinai Hospital
Pennsylvania Hotel
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Colorado Utah Hospital
Statler Hotels
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HAUSTETTER Victor

Dish Washing Machine

The Perfect Dish Washer, made in Four Sizes

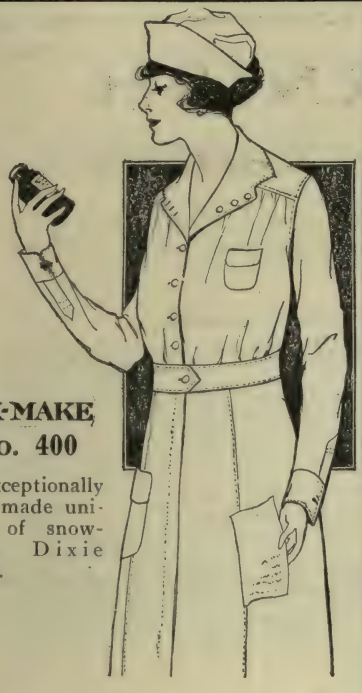
"IT STERILIZES THE DISHES"

Washes, rinses, and sterilizes thoroughly—cleans more china than any other machine without breaking or chipping—any size or shape of dish is washed inside and out—hollow silverware is cleansed thoroughly—requires less labor, less soap and less water—no wet dishes to handle as they come out of the machine—dishes can remain in the dish racks or be removed at will. It is durably built and trouble proof. Any unskilled help can operate it. One person can operate. One handling of dishes.

Ask Us to Explain the Victor Further

F. G. Street & Company

60 BROADWAY, NEW YORK



DIX-MAKE, No. 400

Exceptionally well-made uniform of snow-white Dixie Cloth.

DIX-MAKE UNIFORMS

Length of service is a question that every nurse must take into serious consideration when purchasing her uniforms. Her uniforms must not only stand up under continual tubbings but must always have a smart, well-tailored appearance.

Dix-Make Uniforms are made with a full realization of a nurse's needs. Dixie Cloth is especially selected for its superior wearing qualities—Dix-Make styles are smart. Dix-Make prices cannot be equalled for uniforms of like quality. All that a nurse can desire is demonstrated by Dix-Make Uniforms — Smartness, Service, Economy!

For sale at the leading department stores. Catalog E E sent upon request, also folder of house and porch dresses together with list of dealers.

HENRY A. DIX & SONS CO.
DIX BUILDING New York, U.S.A.

COX'S
Instant Powdered
GELATINE

Is manufactured in Edinburgh, Scotland, by J. & G. Cox Limited. The factory is situated in the Western suburbs of the Scottish capital, remote from the principal manufacturing districts of the city and has the advantage of an abundant supply of pure mountain water.

COX'S GELATINE has been the standard for purity and wholesomeness for upwards of 74 years and is to-day unexcelled.

COX'S GELATINE is not flavored or sweetened so that its usefulness is not confined to the making of desserts. It is used in the preparation of Soups and Salads and as the means of presenting less appetizing but necessary foods to the invalid in tempting digestible form.

Sold by all grocers, always in the Red, White and Blue Checkerboard Box.



UNIVERNISH
The Sanitary Varnish

Where absolute sanitary cleanliness of Floors and Woodwork is of vital importance, and a hard wearing, lasting finish desired, UNIVERNISH is invariably specified

You Can Scrub Univernish With Boiling Water

It will stand that kind of cleaning without turning white or in any way changing its bright lustrous appearance

We welcome inquiries and would be glad to give fuller details regarding UNIVERNISH

THE DOUGALL VARNISH CO., Limited
MONTREAL

Associated with Murphy Varnish Co., U.S.A.

The Medical Profession should note that the

AUTO EXPERTS CO.
FOR SERVICE

86 Bond Street, Toronto

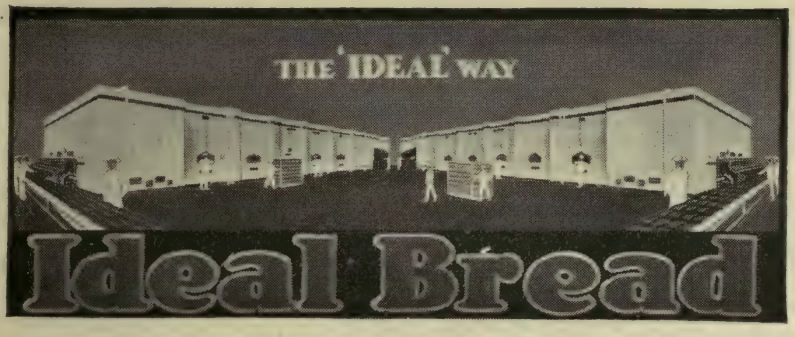
Telephone "Main 7249" or "Gerrard 3751"

are prepared to make a contract with any physician to take care of all repairs (exclusive of parts) and keep his car on the road seven days a week at the low rate of $60.00 a year. This is certainly a most favorable arrangement and should be taken advantage of. THE AUTO EXPERTS CO. employ only the best mechanics and turn out each and every job RIGHT.

Call "Main 7249" and give them a trial, 86 Bond Street or "Gerrard 3751," Don Garage

IF SERVICE COUNTS WE HAVE IT

Purity, Cleanliness
Quality, Service



IT is with justifiable pride that we announce to the readers of THE HOSPITAL WORLD that every one of our products are manufactured under "Ideal" conditions.

Our bakery is **one of the most sanitary in the world,** being equipped throughout with automatic machinery, unusually well lit, splendidly ventilated and scrupulously clean. Our bread is **manufactured of the finest ingredients** that can be purchased, our maxim being "Quality First."

As soon as our new building is completed within the next few weeks, we will be in a position to supply our customers with **wrapped bread,** each loaf being delivered without coming into contact with the human hand until the wrapper is removed. In introducing this, we feel that THE IDEAL BAKERY will be in the forefront of such establishments.

Physicians will appreciate these facts and can confidently recommend our products to their patients.

Ideal Bread Company, Limited

One of the most progressive baking firms in the Dominion

183-193 DOVERCOURT ROAD, TORONTO

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The Hospital World

TORONTO, CANADA

A Journal published in the interests of Hospitals, Sanatoria, Asylums and Public Charitable Institutions throughout the British Empire

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Editorials

FIREPROOF CONSTRUCTION

SCARCELY a month goes by without the newspapers reporting that some hospital has been destroyed, or partially destroyed, by fire. These accidents are becoming so frequent and the possible results of hospital conflagrations are so appalling to contemplate —endanger the lives often of many helpless people —that it is high time that all hospital authorities should insist that in future any buildings to be erected must be made of fire-proof material throughout. With lumber the price it now is, the expense of using metal, or stone, or tile, or other non-inflammable material in its place (wherever possible) will not entail a very much increased cost over a non-fireproof construction.

The equipment, so far as possible, should be fireproof. With the advent of steel furniture, all desks, tables, cupboards, beds, chairs and the like may be made of that or other metallic material.

Think of the relief to responsible officers of having buildings so constructed and so equipped! And how comforting to nervous patients in the third and upper stories!

In regard to the fire-traps, which now go by the names of hospitals, we would suggest that every possible means be employed to prevent fires and to fight incipient outbreaks. It goes without saying that fire-drills should be inaugurated, and alarms given at unexpected times to see that each officer knows his place and can perform the duties assigned to him.

HOSPITAL ASSOCIATIONS

A MOVEMENT is on foot to establish an Ontario Hospital Association. We daresay such a movement would not have been initiated had the Dominion Association not been dormant since the beginning of the Great War. We were informed by the officials some months ago that a meeting of the Canadian Hospital Association would be held some time during 1920. Of course, most of the members of this association hailed from Ontario—one or two from Montreal.

We would suggest that the officers of the Canadian Hospital Association confer with the proponents of the Ontario Association in regard to the welfare of both projects, and that a *modus vivendi* may be arrived at satisfactory to both of the high contracting parties and to the hospital authorities as well.

HOSPITAL WARDS

IN building hospitals nowadays the tendency seems to be to build wards smaller than formerly. The small wards, though requiring more nurses, have obvious advantages. The smaller the wards the less likely patients are to be disturbed by their neighbors who cough, or groan, or smell, or talk, or are otherwise objectionable. Varying temperatures may be maintained for the sick folk. The ward for the diabetics and nephritics may be kept warm; that for the pneumonias and anemics may be kept cool and fresh; that for the bronchitics may be kept with windows and doors closed and steam saturated; the cases of metabolic disorders may be kept in a separate ward; also the tubercular cases. The heart cases may also be grouped. An attending physician may be assigned one of these particular groups, providing he has a special aptitude for that particular form of disease afflicting the patients assigned to a particular ward.

The small ward is coming.

BRITISH HOSPITALS

THE great British voluntary hospitals are making great efforts to keep their heads above water. They have done a noble work for centuries. But with the changing times and changing ideas, new policies will have to be adopted by these great institutions. The war has taught the British people that

hospitals can be built, supported and managed by the State efficiently and economically; i.e., supported by all the people, not by a handful of wealthy men and a relatively few of the rest of the ratepayers, after much advertising and begging.

In Canada, we are more and more depending on the municipality and the State to get under the load of building and maintaining hospitals. The day seems to be drawing near when the people at large will become sufficiently interested and educated to cheerfully pay by tax what is needed for hospital construction and hospital maintenance.

Meanwhile, there are here and in Britain coteries of rich men who feel it incumbent on them to carry the major portion of the hospital burden.

POOR SERVICE

IN a hospital in a place not one hundred miles from Hamilton—but not Hamilton—in the month of February, 1920, two patients, on different occasions, in a semi-private ward, had to wait over two hours for a bed-pan. One of them some hours before had been given a purgative. Imagine his distress at being put to such torture!

The other on recovery was to be taken home by his physician in the latter's closed car, at a stated hour on a certain day. Unexpectedly the physician was called to a case out of town a day before his patient was to leave the hospital; and his office assist-

ant communicated this fact to the telephone operator at the hospital, and requested that his patient be told of the fact, so that he could make other arrangements with his relatives for getting home. Agreed to. But the patient did not receive the message. At the time appointed by the doctor the patient was made ready to go (his discharge having been authorized by the attending physician in the order book); he waited rather impatiently over two hours in ward and corridor for the appearance of the physician who had promised at the last visit to come for him. He felt positive from former experience that his doctor was not to blame. Finally the doctor's house was communicated with and the doctor's absence and request revealed. Other arrangements were then made, and the patient was taken home. He suffered from a mild recurrence of symptoms which he attributed to his impatient wait and watch in the draughty corridor.

The plain recital of these two incidents hardly require critical comment. Such breaks in administration make bad advertisements for the institution.

Relatives, friends and acquaintances of these patients will not want to patronize an institution whose management makes their "blood boil" over mistakes like these; and the doctor in future will doubtless make arrangements, where possible, to send his patients elsewhere. His medical associates will also be warned, and hesitate to recommend their patients to risk such treatment.

The Hospital World

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Original Contributions

THE TEACHING FUNCTION OF THE HOSPITAL, WITH ESPECIAL REFERENCE TO GYNECOLOGY*

By George Gray, Jr., M.D., New York,
Chief Surgeon, Woman's Hospital.

From early times, hospitals which are primarily remedial have always shown a tendency toward becoming centres for the dissemination of medical knowledge. This tendency is but logical, as the eager student will naturally seek to acquire learning from the source where the great masters of medicine search for scientific truths. As a result schools of medicine were evolved, radiating from the hospital as a centre. In the present century hospitals have increased in vast numbers and are located in every community, so that many are in no way affiliated with medical colleges. These latter hospitals are apt to lose sight of one of their most important functions, namely, the educational function.

The chief function of the hospital is, of course, the care and cure of the patient, but next in importance is the teaching function—teaching the profession at large, the staff, internes, students, and nurses.

The recent movement for hospital standardization, which has been inaugurated by the American College of Surgeons, provides that these institutions shall be investigated to see if they measure up to the standards which will soon be demanded of them by the public at large as well as the medical profession. These standards should require that the staff of the hospital shall recognize as a duty their obligation as teachers, in order that their institution may fulfil an important function of ex-

*Read before the Section on Obstetrics, Gynecology and Abdominal Surgery, at the Seventeenth Annual Session of the American Medical Association, Atlantic City, June, 1919.

tending medical knowledge with resultant benefit to the community. Every hospital, whether connected with a medical school or not, has this duty to perform.

Clinical research can only be done in a hospital. Every hospital is a mine containing hidden treasures of scientific facts awaiting to be dislodged from obscurity by the patient seeker after truth. The obligation to humanity is obvious, and therefore this duty of contributing to knowledge by scientific research is one that cannot be neglected by the staff of a hospital without failure to fulfil properly its educational function.

It is, of course, a great advantage to a hospital if it is so fortunate as to have a college connection. College influence has made great strides of late, and the knowledge that the best interests of patients in the hospitals are promoted by teaching is becoming rapidly appreciated by the laity, so that affiliation with a college is now sought by trustees and considered a valuable asset to their institution. These fortunate hospitals which, owing to their being utilized for clinical instruction of undergraduate students, must perforce fulfil their teaching function in part, at least, are necessarily few in number; but the great majority of the hospitals of the country which have no such connection have nevertheless their obligation to fulfil properly their teaching function. How many of them are doing it as it should be done? How many of them are taking advantage of their opportunities? The economic waste of the vast amount of clinical material which is at hand, and is now not made use of by the hospitals of the country, is enormous, and is lost as material for imparting valuable instruction to the profession, which means, of course, the loss of untold benefit to the community. It is our duty as a profession and as citizens to point out to these institutions their neglect of this important matter and to demand of them that they take advantage of their opportunities in order that they may be made to serve mankind to the utmost. Therefore, all hospitals should be teaching hospitals, and trustees should be educated to the importance of this educational function so that they will demand this work of their appointees as an essential part of their duties.

It is very true that some men lack the instinct to teach;

therefore, it is the duty of trustees to appoint men who can and will teach. Teaching is a great stimulus to do better work, and its rewards are proportionate to the effort expended, and the standard of work in the hospital which gives public clinics will inevitably be raised.

The recent supremacy of Germany in the world of medicine was undoubtedly largely due to the fact that all her hospitals were teaching centres. A teaching hospital or clinic will set the standard of medical practice for the profession in its vicinity, as it is an exponent of modern science in its particular field, and its educational value can be hardly exaggerated.

Teaching Internes.—Edward Martin has rightly said that a doctor on graduation from a medical school is only 20 per cent. efficient as a practitioner of medicine, and that service as an interne under proper conditions may provide nearly 80 per cent. of the training of a doctor. The importance of providing a service for the interne under proper conditions in order that he may be fitted to practise medicine in the community is therefore self-evident, and the obligation of the hospital cannot be neglected without failing to fulfill this teaching function which belongs to it. It is too frequently the custom to place young men fresh from the medical schools in the hospitals as internes with no supervision from anyone who feels any direct responsibility for their instruction or guidance. Too often they are expected to pick up knowledge themselves as best they can.

The staff should always have this obligation in mind, and in making rounds the interne should be made to feel that his work and responsibilities must be taken seriously; that carelessness and neglect are serious offences which may cause material damage to the patient. He should be instructed as if still an undergraduate and his work helpfully supervised. He should be encouraged to make his own diagnosis and to give his reasons therefor. He should be urged to consult the literature bearing on his cases and facilities should be provided in order that he may conveniently do so. Above all, he should be taught how to take a complete and proper history, and the careful execution of this important but often neglected work should be insisted upon. He should clearly understand that what operations he

may be allowed to do under supervision are as a reward for efficiency and proportionate to his faithful and conscientious performance of his duties and his adaptability for the work. There is no better way to stimulate his imagination and enthusiasm than by giving him practical research problems to work out from the cases under his observation. By giving personal instruction to the interne we are not only benefiting him, but are, after all, providing for the welfare and proper care of future patients as well as insuring the best service to present patients.

This time and trouble spent in teaching internes is not pure altruism, for much of the success of our own work depends on the intelligent interest and conscientious performance of duty by our assistants on the house staff.

The organization of the interne staff should provide a well-balanced service insuring each interne work in every department. The discipline and proper execution of the work of the staff will be greatly facilitated if provision is made for a resident who is the chief in charge of the staff and responsible for their conduct and duties.

In the Woman's Hospital in New York, the house staff has been organized with these ends in view. There is a paid resident gynecologist, who is in control of the entire interne staff and who is held responsible for their discipline and work. He arranges for the daily work in the operating rooms, and provides for leaves of absence and substitution. All cases of serious illness and deaths must be promptly reported to him. He is in charge of all the private patients, and assists the attending staff with these cases. He is directly responsible to the chief surgeon for the proper management of the house staff. The obstetric service is also in the care of a paid resident. The service of the paid residents is indeterminate and may continue as long as their work is satisfactory. They are given larger responsibilities than the interne staff and are encouraged to utilize their opportunities for research work.

The interne staff proper comprises two divisions, each consisting of a house surgeon with a senior and a junior assistant. Their service is for one year, and they serve in each position for four months. Each junior assistant serves two months on

the obstetric service, as we believe a man will be better prepared for gynecologic work if he has special obstetric training. The two divisions exchange services every two months so that each interne is given the opportunity to work with all the attending staff.

The pathologic work is in the care of two full-time pathologists, with two technicians, who do the routine work of the hospital; but the junior assistant who is not on the obstetric service is expected to do whatever laboratory work may be required by the service after hours on Sundays, holidays, and in emergencies. The senior assistants take the histories of all cases and make and record the physical examinations. Blood pressures, complete blood counts, cervical and urethral smears, and Wassermanns, in addition to the ordinary urine examinations, are required as a routine in all cases on admission. The histories of all cases admitted not later than 4 p.m. are sent to the record room to be typewritten and are expected to be in the ward in time for the next morning rounds when made by the attending surgeon. The house surgeons act as first assistants at operations and are responsible for the care and conduct of their cases.

This arrangement of the service of the house staff is made to suit the requirements of a special institution such as the Woman's Hospital, which has about 250 beds, three-fourths of which are gynecologic and the remainder obstetric. The internes chosen are preferably men who have already had a general hospital service.

Teaching Nurses.—The instruction of the nurses in a special hospital is a matter that concerns the surgical staff as well as the department of nursing. The nurses come to the Woman's Hospital for a six months' special course. They must have been previously graduated from a school requiring two years' general training. Consequently, in the short period of this post-graduate instruction, it is essential that they be provided with a carefully balanced curriculum which includes a course of lectures planned to cover all the phases of gynecologic and obstetric nursing. Usually lectures given to nurses by members of the attending staff are merely perfunctory.

They are frequently carelessly, or not at all, prepared and are often postponed or skipped to suit the convenience of the lecturer. In the Woman's Hospital these lectures are given by the junior attending staff, each member of which is required to give two lectures on assigned subjects each six months on regularly scheduled dates. The need and advantages of having a full-time instructor whose duties require not only teaching and demonstrations, but also a thorough system of inspection of the daily work of the nurses, is of paramount importance and well repays the expense involved by the added efficiency of the nursing which it insures.

One of the most difficult problems of the nursing department of a hospital with a large attending staff is the proper carrying out of the numerous and varied pre-operative and post-operative standing orders. The members of the attending staff, including the assistants, all have their own ideas and methods which they wish used on their respective patients. These standing orders, which are kept on file in the wards, usually are compiled without any thought as to whether they conflict with the meal hours or other essential scheduled routine ward work. Their multiplicity and variety are so confusing as greatly to increase the chance of error, and with the constant rotation of pupil nurses can never be satisfactorily enforced. The ideal plan is to have but *one* set of standardized orders, which are as simple as is consistent with common sense, and which are adjusted to the time schedule of the ward routine. They should be published in such form as to be readily available to nurses, internes, or students. One set of standing orders means a saving of time and energy for the nurses and internes, and reduces the chance of error to a minimum, with resulting benefit to the patient and economy to the hospital. They also greatly facilitate the training and teaching of those who may work in the hospital. We have compiled and put in practice in the gynecologic wards of the Woman's Hospital such a set of standardized orders, and after a thorough trial they have proved most satisfactory. Simplicity and clearness were the objects aimed at in their compilation, and the judgment of the head nurses in charge of the wards was the guide as to their practicability, in the endeavor to make them as "fool proof" as possible.

Standardized Orders for Ward Patients and Recovery Room Patients.

Woman's Hospital in the State of New York, Revised, February, 1919.

STANDING ORDERS FOR THE PREPARATION AND AFTER CARE OF OPERATIVE CASES.

The following orders will apply to all patients except emergency cases, complete lacerations of sphincter ani, vesico-vaginal fistulæ and rectal cases, for which special orders will be given by the attending surgeon or house staff.

PRE-OPERATIVE CARE.

Patients will receive a full tub bath on admission, except emergency or very sick cases.

A specimen of urine must be obtained from each patient as soon as possible after admission and sent to the laboratory not later than 4 p.m. If it is not possible to obtain a specimen before this time, the night nurse will send the morning urine to the laboratory the following day.

Castor oil (1 oz.) will be given 48 hours before operation if the case is in the hospital.

Cases admitted, or ordered to be prepared less than 48 hours before operation, do not get cathartics.

Light meals are to be given on the day preceding operation.

Preparation for operation is to be made on the afternoon of the day preceding the operation, not later than 6 p.m.

All cases will receive both the abdominal and the vaginal preparation.

All cases are to remain in bed after preparation for operation.

PREPARATION ON THE DAY PRECEDING OPERATION.

1. *Shave.*—The entire abdomen and the external genitals are to be shaved, commencing at the ensiform and continuing over the pubes and vulva to the coccyx.
2. Tub bath, temperature 100° F.
3. *One* soapsuds enema given with a high rectal tube.

4. Wash the abdomen and external genitals with gauze and tr. green soap and warm water, commencing at the insiform and continuing down over the vulva.

5. Wash the abdomen first with ether and then alcohol, using sterile gauze.

6. Cover the abdomen with sterile gauze.

7. Give a three (3) quart vaginal douche of 1: 5,000 potassium permanganate solution, temperature of 110° F.

(NOTE—The douche may be omitted on order for cases in which there is to be no pelvic surgery.)

8. Cover the vulva with a sterile pad and fasten it to a T binder.

PREPARATION ON THE DAY OF OPERATION.

Not less than two hours and not more than four hours before sending the patient to the operating room, paint the abdomen with 3½ per cent. tr. iodine and cover with fresh sterile gauze; give the patient a three (3) quart vaginal douche of 1 : 5,000 potassium permanganate solution, temperature 110° F., and cover vulva with sterile pad fastened to T binder.

Cases to be operated on in the afternoon are to receive on the morning of the same day:

One soapsuds enema given with a high rectal tube at least six (6) hours before the operation.

On the day of operation cases do not receive nourishment or liquids within 3 hours of going to the operating room. Tea, coffee, or broth may be given before this period.

Morphine gr. 1-6th Atropine grs. 1-150ths are to be given per hypo. half an hour before the patient goes to the operating room.

(NOTE—This order may be omitted for cause by direction of the attending surgeon.)

POST-OPERATIVE CARE.

Days are to be counted at the completion of each 24 hours.

Temperature, pulse and respiration are to be taken every four (4) hours until the temperature remains normal for 48 hours, after which they are to be taken B.I.D.

Temperatures are to be taken by rectum for the first three (3) days and indicated on the chart by an X; after this time temperatures are to be taken by mouth and recorded in the usual way. Rectal and "drip" cases to have mouth temperature only.

A specimen of urine must be sent to the laboratory the morning following the operation.

Pain—Hypodermic of Morphine gr 1-4th P.R.N. for pain, and repeat Q.S. P.R.N. for 48 hours.

Catheterization—Do not catheterize when curetting cervix operations only have been done, unless compulsory.

Catheterize every 8 hours or sooner for cause, until the patient can void. In extensive cystocele operations (also Mayo and Watkins interposition operations) catheterize every 6 hours for 3 days, or sooner for cause.

Dip the point of the catheter in 25 per cent. Argyrol in all cases before introducing it into the urethra.

After catheterization or micturition the external genitals are to be freely flushed with a warm solution of potassium permanganate solution 1 : 5,000 by *pitcher douche.*

Thirst—Nothing is to be given by mouth for 24 hours after operation but sips of *hot* water; then cool faucet water in small amounts if desired. (No ice or ice-water is to be allowed.) After 24 hours, if not nauseated, the patient may have lemon albumin water.

Diet—After 36 hours the patient may have weak tea or coffee with sugar (*no milk*), lemon albumin water, broth or fermilac in small quantities, repeating every 3 hours if desired.

After the bowels move, liquid diet, milk, broths, etc., are to be given every 3 hours until soft and regular diet are ordered by the attending surgeon or house staff.

ABDOMINAL OPERATIONS ALONE OR COMBINED WITH VAGINAL OPERATIONS.

Bowels—The rectal tube may be left *in situ* for gas any time after the operation.

On the morning of the third day (or at the completion of 48 hours after operation if the patient is uncomfortable from gas pains) the patient is to be given the following enema with a high rectal tube:—

Sat. Sol. of Epsom Salts	2 oz.
Glycerine	2 oz.
Turpentine	½ oz.
Soapsuds	1 qt.

On the morning of the *fourth* day the patient is to be given 1 oz. of castor oil followed by a soapsuds enema 4 hours later if necessary. The bowels are to be moved each day thereafter by cathartic or enema on order.

Pitcher Douche—The external genitals and anus are to be cleansed by the *pitcher douche* of a warm solution of 1: 5,000 potassium permanganate after each micturition or defecation. No manual cleansing is to be permitted.

VAGINAL OPERATIONS ALONE.

Bowels—On the morning of the *third* day the patient is to be given a soapsuds enema.

On the morning of the *fourth* day the patient is to be given 1 oz. of castor oil, followed by a soapsuds enema four (4) hours later if necessary.

Pitcher Douche—The external genitals and anus are to be cleansed by the *pitcher douche* of a warm solution of 1 : 5,000 potassium permanganate after each micturition or defecation. No manual cleansing is to be permitted.

Douches—After the *seventh* day a vaginal douche of 1:5,000 potassium permanganate solution, temperature 110° F., is to be given daily with a soft rubber catheter.

DRAINAGE.

All drains with their location and the date they are to be removed must be charted in red ink on the order slip of the case history. The removal of the drains will be by special order of the attending surgeon or house staff.

COMPLICATIONS.

All cases developing complications will receive special order from the attending surgeon or house staff.

OUT OF BED.

All cases will be allowed out of bed only on special order from attending surgeon or house staff.

The first day out of bed the patients are allowed to sit up for one hour.

The second day out of bed the patients are allowed to sit up one hour in the morning and one hour in the afternoon.

Thereafter the length of time out of bed is to be gradually increased, but no patient is to remain up longer than four hours in the morning and four hours in the afternoon until ready for discharge.

Standing Orders for the Recovery Ward.

POST-OPERATIVE CARE.

The following orders will apply to all patients except emergency cases, complete lacerations of the sphincter ani, vesico-vaginal fistulæ and rectal cases, for which special orders will be given by the attending surgeon or house staff.

Beds—The beds in recovery ward are to be prepared for the reception of patients from the operating room according to the Woman's Hospital rule.

The bed must be properly warmed for the reception of the patient by hot water bottles, but all hot water bottles are to be removed when the patient is placed in the bed, unless ordered to be retained by a written order from the attending surgeon or house staff.

When the cases are in shock or collapse heat is to be maintained by hot blankets, which are to be renewed as needed by blankets taken from the blanket-warmer in the small operating room.

Hot water bottles are to be filled from a pitcher and the temperature of the water must not exceed 120° F.

Hot water bottles are never to be applied to the patient except on a written order from the attending surgeon or house staff, and in every case they must be separated from the patient by a blanket.

As soon as the patient is placed in bed all wet clothing is to be removed.

The abdominal binder is to be adjusted and securely pinned.

All pins are to be removed from the sleeves.

A draw-sheet is to be placed as a restraining sheet across the abdomen, but not so as to cause pressure or restrict breathing.

The head is to be turned on one side, with a towel and basin under the chin.

The pulse and respirations are to be taken every 15 minutes until the patient is conscious, or as long as she is in a condition of danger from shock or collapse, after which they are to be taken every hour until patient is removed from recovery room.

Hemorrhage—All patients are to be watched for hemorrhage from the incision and from the vagina, an inspection being made every half hour.

Temperature—All temperatures will be taken every 4 hours by rectum and indicated on the chart by an X (except in cases of complete laceration of the perineum and rectal and "drip" cases, when mouth temperature will be taken.

Pain—A hypodermic of morphine gr. ¼ P.R.N. for pain and repeat Q.S. P.R.N.

Catheterization—Do not catheterize when curetting and cervix operations only have been done, unless compulsory. Catheterize every 8 hours or sooner for cause, unless the patient can void.

In extensive cystocele operations (also in Mayo and Watkins interposition operations), catheterize every 6 hours or sooner for cause.

Dip the point of the catheter in 25 per cent. Argyrol in all cases before introducing it into the urethra.

After catheterization or micturition or defecation, the external genitals are to be freely flushed with a warm solution of potassium permanganate 1 : 5,000 by *pitcher douche.*

No manual cleansing is allowed.

In vaginal operations a fresh sterile vulva pad is to be applied.

Thirst—Nothing is to be given by mouth for 24 hours after operation but sips of *hot* water (*no ice or ice water is to be allowed*).

Drains—All drains with their location and the date they are to be removed must be charted in red ink on the order slip of the case history.

Urine—A specimen of urine must be sent to the laboratory the morning following the operation.

Complications—Any unusual condition of the patient is to be reported at once to the house surgeon in charge of the case and to the directress of nurses.

All cases developing complications will receive special orders from the attending surgeon or house staff.

Teaching the Attending Staff—The educational possibilities of a hospital service to the attending staff are immeasurable, and no one should be retained who fails to appreciate and take advantage of the opportunities presented. The outpatient department offers one of the best opportunities for clinical instruction to the younger men who are ambitious to attain staff appointments, but as a rule they do not avail themselves of this privilege. The work done is frequently superficial and perfunctory, and the diagnoses carelessly and hurriedly made. Clinical research is rarely attempted. This waste of opportunity is largely due to the fact that as a rule there is no supervision of the work in this department, the men being left to their own sweet wills and to the feeling that promotion is only to be attained by "pull" or favor. If it is distinctly understood that the positions of chief of clinic will lead directly to the hospital staff appointments and that the work done is under supervision with that object in view, these outpatient positions will be sought for and will attract the best type of men. If they are expected to teach undergraduate students and have a definite schedule of demonstrations which they are required to give at specified times, they will be stimulated to put forth their best efforts to the mutual benefit of all concerned.

We have attempted to accomplish this object in the outpatient department of the Woman's Hospital by such supervision and teaching. The men have been given to understand that the opportunity to obtain promotion to the attending staff is open to them in accordance with their work, but that their work must give evidence of some study or clinical research. The hospital wards, the laboratories, and the records are freely available for this purpose.

They are expected to take part in the weekly clinical conferences and are encouraged to follow their referred cases to the operating room and during convalescence. During the summer months, when the junior attending staff act as the attending surgeons, they automatically come into the hospital as acting junior attendings, and thus have an opportunity to develop and show their worth in the operating rooms and in the wards.

A valuable aid in observing and judging their ability is the "reference sheet" which has been established as the connecting link between the outpatient department and the wards. Each patient who is referred from this department is accompanied with a form which must be filled out and signed by the clinic chief. This contains all the data relating to the patient while in the outpatient department, including the physical findings and tentative diagnosis as made by the man referring the case. He thus places his opinions on record where they are certain to be observed by the attending staff. The third-year students of the Cornell University Medical College receive part of their practical training in the outpatient department of the hospital, and each chief of clinic acts as the instructor and is required to demonstrate the various methods of diagnosis and treatment and to show as many conditions and diseases as the material may afford in accordance with a definite schedule of instruction.

The entire hospital staff, seniors and juniors, should be engaged on problems of clinical research as part of their daily duty in addition to their routine work. A necessary foundation for clinical research in a surgical hospital is the thorough, careful, and complete pre-operative study of the patient; other-

wise any deductions that may be made are of doubtful value. In order to accomplish this it is essential that the patients remain in the hospital a sufficient time before operation to permit of the necessary examination and laboratory tests to be made. This is not wasteful of hospital beds, as the time spent will be more than saved in the end by the avoidance of errors due to hasty and incomplete diagnoses, and by the great gain to the hospital in reputation and abundance of patients as a result of the superior quality of the work done. Trustees should realize that the usefulness of an institution should be estimated by the quality of the work done, and not by the quantity, for as someone has said, "If the quality be poor, the larger it is, the worse for the public and the profession."

In the Woman's Hospital the average stay of a patient before operation is three or four days, in order that she may be properly studied. This allows of the necessary laboratory tests being made and complete history being taken, with time for the attending surgeon to check it up, and for the obtaining of consultations when needed. We have established a completely equipped gastro-enterologic department, which is a very valuable and necessary adjunct to a gynecologic hospital. This department is used solely for gynecologic cases having associated gastro-enterologic conditions, and not for gastro-enterology, *per se*, as the work of the hospital is gynecologic and obstetric only. An appropriate form called a "consultation sheet" is provided in the case of history for the recording of any consultations that may be made, which must be signed by the consultant.

Valuable information is made readily available for study by the employment of a form in the case history which we call the "wound sheet." On the sheet is recorded the complete record of the healing of the wounds of operation. Provision is made for abdominal and vaginal wounds, the site, character, nature of the operation, non-absorbable sutures, drainage, and whether the case was clean or a contaminated one, which are charted at the time of operation. Each time the wound is inspected or dressed it must be recorded and signed by the surgeon and the character of the dressing stated. If the wound is purulent, a culture must be taken and the nature of the organism given, in accordance with the laboratory report. On

the discharge of the patient the condition of the wound must be recorded. When the case histories reach the department of records, the clerks abstract the data from these wound sheets on a card index, where each surgeon's record of the healing of his operative wounds is made readily available and is open to all concerned.

All members of the hospital staff, both seniors and juniors, in all departments, are expected to make some study as a contribution to the literature during the year. If any particular type of case is desired by any of the staff for the purpose of clinical research, all that is necessary is for him to notify the chief surgeon of his desire and object, and such material will be assigned to him in quantity sufficient for his purpose, as far as the service will allow; but he must present his results for publication in the annual surgical report of the hospital, which is made up of the scientific contributions of the staff. To facilitate this important work we have established a library in the hospital with the latest editions of the standard textbooks and the periodicals on gynecology and obstetrics, through the generosity of the board of governors, and they have also provided the services of a medical artist who is at the disposal of the staff at stated periods.

Periodic staff conferences are essential to bring the men together in order that they may get in touch, learn one another's point of view, and exchange ideas. Opportunity is thus presented for the discussion of problems, checking up of the results, and investigating errors, all of which is bound to result in vast benefits to the hospital, the physicians, and primarily to the patients. The educational value of such conferences is unquestionable and is a stimulus to the work of the entire staff. At the Woman's Hospital, staff conferences are held each week throughout nine months of the year. They last about one hour and the usual order of procedure is as follows:—

Presentation by the pathologists of pathologic material of interest which have been obtained during the week. The gross and microscopic specimens are demonstrated and brief talks on the pathology are given.

The casualties of the service are next called for. Each

attending surgeon must report any deaths, infections, or complications occurring during the week, and an endeavor is made to locate the cause. The details, as shown by the case histories and the testimony of those concerned are carefully analyzed in order that it may be determined as far as possible whether the fault lay with the physician, the patient, the disease, or the hospital organization or equipment.

A report on the analysis of the follow-up clinic of one of the attending surgeons is next made. Each of the four attending surgeons has such a clinic once a week which they must attend in person, and once in four weeks they are required to make an analysis of the results of the cases they have seen since their previous report. This analysis must show the total number of cases seen in the clinic and the number which have been previously reported. The remainder which are to be reported are classified according to the results as successful, partially successful, and failures. The acid test for the determination of the result is whether the patient has been cured of the symptoms for which she sought relief, and not whether the operative result is satisfactory to the surgeon. The successful cases are disregarded, while each partially successful case and failure must be analyzed in detail and the reasons given for the classification. A free discussion is encouraged in order that the operating surgeon may have every opportunity to defend his position. Cases that have been previously reported as successful which may later become partially successful or failures must be subsequently reported with their revised classification.

Next a report of some case of special interest is made by one of the attending surgeons in turn; thus an opportunity is given to present case histories or to show the patients which have had successful results. Frequently a case presenting difficulties in diagnosis or treatment is shown and the advice of the conference is sought.

Once a month the junior attending surgeons are required in turn to give a brief summary of the recent gynecologic and obstetric literature, or to give a report on any hospital or operative clinic they may visit. A stenographer is present during the conference who makes a complete typewritten report of the

proceedings, which are kept on file in the chief surgeon's office for further study.

Teaching Students—The teaching of undergraduate students of the Cornell University Medical College in the Woman's Hospital is given during their third and fourth years.

The third-year students, after having completed a course of didactic lectures and demonstrations in gynecology, receive practical instruction in diagnosis and treatment in the outpatient department in sections of four students.

The fourth-year students, in sections, spend half time (9 to 1 p.m.) for two weeks, and full time (9 a.m. to 5 p.m.) for two weeks in the hospital. They practically receive intensive daily instruction in the subject as clinical clerks for one month, which is the most efficient and ideal method. Their course includes work in the wards, where they are taught history-taking, and they make daily rounds with the attending surgeon, during which they have an opportunity to study the cases before and after operation. They witness the operations and see the specimens demonstrated in the laboratory, so that they are enabled to follow the cases from admission to discharge during their stay in the hospital. They are given opportunity to examine suitable cases under anesthesia and to see the work in cystoscopic, gastro-enterologic, and outpatient departments. This work in the third and fourth year is required of all students.

ELECTIVE COURSE IN GYNECOLOGY FOR SENIOR STUDENTS
SECTION A. (TWO STUDENT FOR TWO WEEKS.)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9-10 Outpatient Dept.	9-11 Path. Labt.	9-11 Outpatient Dept.	9-11 Path. Labt.	9-12 Oper. Class	9-10 Outpatient Dept.
10-12 Follow Up Clinic					10-11 Conference with the Chief Surgeon
12-1 Study	11-12:30 Cysto-scopic Clinic	11-1 Study	11-12:30 Cysto-scopic Clinic	12-1 Study	12-1 Study

INTERMISSION

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2-4 Oper. Class	2-5 Oper. Class	2-4 Oper. Class	2-3 Outpatient Dept.	2-5 Oper. Class	2-3 Outpatient Dept.
4-5 Path. Labt.		4-5 Path. Labt.	4-5 Path. Labt.		
			5- Conference Surgical Staff		

SECTION B. (TWO STUDENTS FOR TWO WEEKS.)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9-1 Wards	9-1 Wards	9-1 Wards	9-1 Wards	9-1 Wards	9-10 Wards
					10-11 Conference with the Chief Surgeon
					12-1 Study

INTERMISSION

2-4 Oper. Class	2-5 Oper. Class	2-4 Oper. Class	2-4 Study	2-5 Oper. Class	
4-5 Path. Labt.		4-5 Path. Labt.	4-5 Path. Labt.		
			5- Conference Surgical Staff		

During the last term of the senior year, the students spend their time entirely in elective studies. We give an elective course in gynecology at the Woman's Hospital which provides for a group of four students working as clinical clerks from 9 a.m. to 5 p.m. daily for one month. The work is divided into two schedules. Each section of two students completes a schedule in two weeks, when the sections exchange schedules. A new group starts each month. They are required to act as second assistant at operations, and a research problem is given each one at the commencement of the work, which he is required to present at the termination of the course in the form of a thesis. These problems are worked up during the time assigned to study, and they are taught how to utilize the record room for the abstraction of facts from the hospital histories.

During the term just finished, the following problems were given to the students taking the elective courses: "A Study of the Relation of Appendicitis to Right-sided Adnexal Disease," "A Study of Post-operative Catheterization in Relation to Vaginal Operations," and "A Study of Post-operative Vomiting in Relation to Abdominal Operations." Each student was required to present an independent thesis, although they were allowed to work in groups of two on one subject. Several of these theses were of exceptional merit and will be published in the surgical report of the hospital.

From the accompanying schedule it will be seen that, in a month's course on intensive all-day training under supervision in every department of such a special hospital, the student has exceptional opportunities to obtain practical knowledge.

Teaching the Profession.—It is unfortunately true that, in in New York at least, many of our best clinicians, surgical as well as medical, fail to realize their duty to the profession in giving teaching clinics. Until a few years ago it was not possible for the stranger or a resident in New York to obtain information as to when he might be able to witness surgical or medical clinics without unusual difficulty. To-day this has been remedied somewhat by the establishment of a bureau of information at the Academy of Medicine by a number of the profession who formed a society to provide the necessary funds. A

daily bulletin of operative clinics is now issued and mailed for a small fee. This bulletin consists almost entirely of surgical clinics, as it is nearly impossible to get the medical men to do their part, although there is a constant demand or inquiry for medical clinics. Many of the surgeons make little or no attempt to teach, considering that mere admission to witness the operations is all that is required. The failure to present properly the history of the case with the results of the various diagnostic tests, the reasons for making the diagnosis, and the treatment to be employed, is far too frequent. A physician referring a patient to the hospital should have the courtesy of an invitation to the operation, and the patient should be referred back to him with a copy of the diagnosis. By so doing the hospital will be fulfilling one of its functions of educating the profession. A lack of courtesy is not uncommon. A professional brother is certainly entitled to a courteous reception that makes him feel that he is welcome, for he is paying the surgeon a real compliment by spending his time to witness his work.

Teaching Methods—Simplification of procedure as accomplished by standardization of methods greatly facilitates the imparting of knowledge to the student in such a form as to avoid confusion and complexity, and favors its retention. Consequently we have standardized the technic of the usual gynecologic operations, and we endeavor to carry out each step of the procedures in a uniform way. Thus the internes and nurses rapidly learn the technic of each operation, and their value as assistants is proportionately increased. A description of the technic of each standardized operation is kept on file in the record room, so that in the dictation of the operation to the stenographer much time and work are saved, as it is only necessary to give the nature of the operative procedure. When the surgeon has no order or system in his method of operating, his patient's interests are jeopardized.

We have standardized the arrangement of the instruments on the operating tray. These instruments, which are those in most constant use, must be kept in their proper location by the suture nurse. When the operator takes one from the tray, she must substitute its duplicate at once, so that the surgeon always

finds the same instrument in the same place, and confusion and waste of time are avoided. The upper part of the tray is used for the discard. The suture nurse watches the tray and not the operation, so that her duties are greatly simplified. It is therefore only necessary to ask for some special instrument. Lists of those required for each type of operation have been made so that there will be an avoidance of wear and tear on a great number of unneeded ones which would have been unnecessarily prepared.

Among our most important duties as teachers is our obligation to develop competent successors. This implies that we should give every opportunity to the younger men of the staff to develop and fit themselves for the senior positions. Many a man remains a good assistant all his life because he has not been given the chance to do independent work owing to the selfishness of his chief.

The development of a medical centre is a matter which is vitally dependent on the hospitals of a community fulfilling their teaching function in the broadest sense. If they do this they are certain to attract those who are eager for knowledge from far and near.

The trustees of our hospitals should realize that the influences and spirit of a hospital should make not only for high ideas of its remedial function, but also for its teaching function, and that unless the proper spirit prevails within its walls, it will fail in the fulfilment of its full duty to the community. Holt has well said: "The spirit of an institution is something different from its aims. It is the resultant of the attitude of mind, the breadth of outlook, and the personality of the three persons who determine the hospital's policy; the dominating spirit in the board of trustees, the superintendent, and the physician in chief."

71 West 50th Street.

HOME HYGIENE*

By T. H. Whitelaw, M.D.
Medical Officer of Health, Edmonton,

Home hygiene may be defined as the science of preserving a normal healthy condition of body and mind, the fullest possible prevention of preventable disease, and the prolongation of life to its utmost limits until dissolution comes naturally and peacefully.

The perfection of the human body as a scientific machine is one of the wonders of creation. The recent events of the great war show nothing more wonderful than the tremendous capacity for sustained physicial efforts, and prolonged bodily and mental strain which the human animal is capable of enduring, when his muscular strength has been fully developed by intensive training, simple and nourishing food, and natural hygienic living. We cannot, therefore, withhold our admiration of the human body, regarded purely as a mechanical contrivance. It should be our ambition to attain to the highest degree of physical well being possible, in order that we may carry on throughout life with a maximum of efficiency both bodily and mentally.

Few live to the fullest age attainable owing, largely, to failure to observe properly the rules of health either on the part of the individual himself or his progenitors. Heredity plays a large part in deciding what endowment of physicial and potential energy we have at the outset of life and conditions of body or mind over which we have no control and which handicap us in attaining the highest perfection of health, may be transmitted to us from our immediate or remote ancestors. How important therefore it is, that we should endeavor to attain to the highest and most perfect health of mind and body before assuming the responsibility of parenthood. In some communities a law already is in force which makes compulsory, a medical certificate of physicial and mental health before a marriage license can be granted. To be effective in preventing

*Read before the Municipalities Convention (Alberta).

the propagation of the mentally unsound and physically diseased, such a law must eventually be universal and there is no doubt that its enforcement would greatly assist in raising the general standard of human efficiency, and do away with the economic loss to the community in caring for the diseased, unfit and mentally defective.

With this digression from the subject I will now return to Home Hygiene. There are of course some elements in every community to whom home hygiene or home sanitation can never mean anything, who deliberately choose to live in dirt, squalor and general untidiness though possessed of the means to adopt a higher standard of existence. On the other hand, unfortunately, the struggle for existence is so hard that many human beings find it impossible to live under such conditions of home hygiene as are most desirable. Even under such conditions however, and handicapped by poverty and low efficiency due to hereditary tendencies or lack of education, certain general rules of home living may be carried out which will tend to prolong life and make it more desirable.

These rules of home living may be classed as follows:—

1. Cleanliness of person and surroundings which inculcates self-respect and an aspiration to the higher things in life generally.
2. Provision of proper ventilation, lighting and heating facilities in dwellings, wtth a sufficiency of cubic air space per individual in sleeping apartments.
3. Protection of food supplies from contamination and deterioration, as well as their proper preparation.
4. Prevention of disease, infectious or otherwise.

Time will not permit me to go fully into a discussion of these four heads. I will, therefore, confine myself largely to the last, namely, the prevention of disease, infectious or otherwise. As to the third, it is common knowledge that many housekeepers or mothers fail to keep the milk received from the milkman in good condition, away from contamination by dirt or flies, or in a cool place to prevent deterioration and as a result, lack of

proper nutrition, sickness, or even death itself, may follow as a natural consequence to the younger members of the family. To prepare food so as to make it nutritious and palatable, is an art in which too many housewives are sadly deficient, and it would be well if to the ordinary curriculum of studies in the case of all our girls, a thorough course in housekeeping, home cooking and the proper care and rearing of children could be added. A small unpretentious home with a competent housekeeper and cook in charge, means health, happiness, love and contentment, which will endure to the end, while in a more pretentious home, presided over by a housewife who has no knowledge of the culinary art herself, or lacks the ability to teach others, indigestion, unhappiness, discontent, friction and disillusionment, are the usual results of a lack of that knowledge which every woman who aspires to become the ruler and arbiter of a household, should have.

The old theories as to the source of infectious diseases have in recent years largely given way to modern ideas based on scientific discovery and research. Under the old theories, sources of disease were sought for in the environment of the individual and by a process of biogenesis, all the disease germs known to be dangerous to humanity were believed to have their origin quite independent of the human animal, in damp cellars, leaky plumbing, dust, foul air, bad smells, dirty clothes, rank vegetables, swamps, stagnant pools, smoke, garbage, manure or dead animals. The new Public Health finds the real source of disease germs in the individual himself and in the emanations from his body which find their way by various and devious routes to the healthy individuals. Examples of such agencies are water, milk, food, flies and fingers, all of which may be the vehicle by which disease germs find their way into the human system. In the prevention of epidemics of disease it has been found that efforts based on this modern theory of contact infection are much more effective than those based on the older and discredited ideas, which had little or no effect as a protection to the community.

Can infectious disease be abolished altogether is a pertinent question? This, unfortunately, must be answered in the negative, and the chief reason is that no community has yet been

found sufficiently docile to submit to the necessary measures for bringing this about. So long as there are so many individuals in the community who look upon a quarantine card as something to be avoided if possible, so long will the milder cases or less dangerous infections exist in the community in large numbers, unknown to, or concealed from, the health authorities, and keep a good healthy strain of the particular germ concerned in existence.

The ideal arrangement for the control of infectious disease would be to have a thoroughly efficient isolation hospital, large enough to accommodate all the infectious diseases in the community, and to have all patients kept free at the expense of the public, giving the health authorities the necessary power to compel all cases to go there. This would undoubtedly have a decided effect in lessening the ravages and spread of infectious diseases, and would result in a great economic saving to the community, but owing to sentiment, prejudice or ignorance and the so called unalienable right of our Anglo-Saxon citizenship, to object to interference with the liberty of the individual for the benefit of the public, even when the interference is directly in the interest of the individual himself, such an idea is impossible of attainment. It may in time be partially reached if an isolation hospital were provided, so ideal in its construction and management as to gain the confidence of the community.

While the science of preventative medicine has not yet succeeded in absolutely eradicating any of the contagious diseases, it has arrived at the stage where it is possible to say that certain diseases could be abolished. Malaria and yellow fever are now known to depend entirely on the bite of the mosquito. Abolish the mosquito and these diseases would cease to exist. The most notable example of work in this line is the successful efforts of Colonel Goethals in the construction of the Panama Canal which could never have been completed without first making war on the mosquito, or if so only at a tremendous sacrifice of life. Another disease which could be absolutely abolished is smallpox, if it were possible to have universal world-wide vaccination. I am aware that I may find it difficult or impossible to satisfy my anti-vaccination friends of this, but

I am prepared to prove, if necessary, that if all children to be born for the next two generations were successfully and properly vaccinated, smallpox would cease to exist. This is too, an ideal impossible of attainment I fear. In spite of more or less stringent laws regarding vaccination, it cannot be said that they are strictly enforced in any country of the world, and as a consequence there is always a portion of every community absolutely unprotected against this disease, and to this alone is due the fact that smallpox exists, and probably will continue to exist for all time.

The death rate of another serious disease, diphtheria, has been greatly decreased by the discovery of antitoxin, which, if used early and in sufficient quantity, may be said to be almost a specific cure. To those exposed to infection, a small immunizing dose will almost invariably prevent any developments. The immunity conferred by antitoxin for diphtheria, lasts for about one month only, which circumstance makes it impracticable to give a community protection against diphtheria, to the same extent as systematic vaccination for smallpox will prevent that disease. In the latter, immunity is conferred for at least seven years and in the great majority of cases for a much longer period. A second successful vaccination almost invariably confers immunity for life.

Another contrast noticeable in these two prophylactics is that antitoxin for diphtheria not only acts as a preventative but cures the disease rapidly after it has become established. In smallpox, on the contrary, vaccination has no effect whatever in curing the disease once it has developed. How greatly the use of antitoxin has affected the mortality from diphtheria, is indicated by the lowered death rate. In pre-antitoxin days, this was from 20 to 40 per cent. of all cases, and since antitoxin has come into use it has been reduced to 3 to 14 per cent. according to the virulence of the epidemic, and the promptness with which the remedy is used. If used within forty-eight hours, it seldom exceeds three per cent, and is often much less. In neglected cases where the treatment is not given for a week, the death rate may rise to 20 per cent. or more. In spite of these incontestible facts, it is not infrequent to find in every com-

munity, fanatical parents or individuals who vigorously oppose the use of antitoxin.

Of more recent discovery is the use of vaccine to prevent typhoid fever which has heretofore been one of the scourges of the human race. Its wonderful effect in protecting the health of our armies in the late war, where typhoid was practically non-existent is so well known and so thoroughly established that no argument is needed in defence of inoculation for typhoid fever, though as was to be expected, anti-vaccination societies and other religious sects and fanatics bitterly opposed its compulsory enforcement at the outset of the war. During nineteen months at the first Canadian Hospital admitting an average of 5,000 patients per month, Dr. Stewart of the S.C.R. of this city informs me that not a single case of typhoid fever was treated.

In view of the fact that immunity conferred by anti-typhoid inoculation lasts approximately only about one year, and that the disease can be to a large extent controlled by care exercised in regard to public water, milk, and food supplies and general education of the community, it is not likely that general inoculation of the community will ever become an established fact or be required by law. Its application will likely be confined to armies, navies, railway, lumber or other companies where large aggregations of men are closely associated under what may easily become insanitary conditions of a very dangerous nature, greatly curtailing the efficiency of the body of men concerned. In hospitals also where nurses and attendants are particularly exposed to infection from contact with the patients, it is advisable to protect the entire staff by anti-typhoid inoculation. Smallpox, on the other hand, is influenced to a very slight extent by sanitary conditions, and the immunity conferred by vaccination is lasting to a much greater degree.

Another important matter connected with home hygiene is the care of infants and young children. Never in the history of the world, has the importance and value of our preserving the lives and health of our infants in order that they may attain to vigorous adult life, been so emphasized as by the events of the last five years. Thousands upon thousands of the best and most vigorous of the human race have been sacrificed in the terrible

war. This loss cannot be made good for generations to come, but it can to some extent be minimized by measures designed to prevent the unnecessarily large waste of human life, involved in the premature deaths of so large a percentage of our population during the first year of life. It must of course be admitted that even under the best conditions and most intelligent care, the infant, like a tender plant, has not the vitality of more advanced life to successfully withstand the inroads of disease, and a larger proportion of deaths must unavoidably occur during the first year of life than among older children.

However, owing to various causes, including poverty, whether due to lack of industry or earning ability, intemperance or circumstances over which the individual has no control, carelessness, lack of knowledge of proper methods of feeding, religious prejudices or beliefs, and desire to avoid quarantine, on the part of the parents, much avoidable and preventable sickness occurs among infants and children resulting in a large number of unnecessary deaths.

All the agencies of the city, such as the Welfare Board, Sunshine, the Salvation Army, Health Department, School Board and Medical School Inspector, and the medical practitioners are enlisted in a campaign to assist the mothers of Edmonton in preserving the health of their babies, and preventing avoidable sickness, and it is often due to failure to co-operate with these various agencies that some of these sicknesses occur. To those whose financial condition is so reduced that hesitation is shown in applying for relief or medical advice, our sympathy and respect cannot be withheld, but it is no disgrace under such circumstances to apply to the Welfare Board or the Health Department for assistance, and does not necessarily imply pauperism. Any expense for relief or medicine involved in connection with these departments may be regarded as a temporary loan, which may be paid later when circumstances have improved. No parent therefore, is justified in neglecting the baby or failing to procure proper food or medical attendance on the score of financial embarrassment. It is, moreover, a rare occurrence for a medical man to refuse to attend a patient unable to pay, especially if the case be urgent. Much charitable work is done by the medical pro-

fession in our city for which I fear scant recognition is given by the community at large. On the other hand no justification whatever can be offered for those who, able to pay for medical attendance, delay calling in their physician until serious conditions have developed, making hopeless a case which if treated at the outset would have proved in all probability, a slight illness, quickly brought under control with an early recovery. A small cup of water properly applied at the beginning would have prevented some of the most destructive fires that have occurred in our city. Just so a limited amount of medical care involving little expense, will often prevent a serious illness in a young child, and preserve a life destined to be of great benefit to the community, which is the loser when it is cut off prematurely. Even when a baby is in perfect health a wise mother will have no hesitation in consulting her physician as to the proper methods of feeding the future citizen during the period of development which necessitates a gradual change of food. To use a paradox the proper time to cure a sick child is before it gets sick.

The welfare of the State, patriotism, economical considerations as well as our natural inclinations to preserve the lives of our offspring, clearly indicate the necessity, as far as possible, of preventing avoidable sickness among our children.

For every thousand children born in the City of Edmonton

in 1914 there died under one year of age..... 141
in 1915 there died under one year of age..... 89
in 1916 there died under one year of age..... 99
in 1917 there died under one year of age..... 81
in 1918 there died under one year of age..... 100
in 1918 (excluding deaths from influenza) 88

The most important consideration which confronts a mother as regards her baby is the question of proper feeding especially during the hot weather. The disease which is most responsible for the large death rate among babies is what is commonly known as summer complaint, or summer diarrhea. In 1913, there were 67 deaths; in 1914, 70; in 1915, 15; in 1916, 16; in 1917, 14; in 1918, 18; and in 1919 to date 42 deaths under one year of age are ascribed to this cause. The significant fact

to be noted is that the great majority of these deaths were among bottle babies. A baby who derives its nourishment in nature's way from a healthy mother runs little risk of this affliction provided proper care be taken in all other respects. Unfortunately it happens that some mothers are unable to provide adequate nourishment for their babies, and it therefore becomes necessary to resort to artificial diet or bottle feeding. What shall one say in regard to those unnatural mothers, who for social or other reasons refuse to nurse their babies? As you are perhaps aware it is, in some social circles, considered vulgar and common for a woman to nurse her offspring, and in order to enable her to continue without interruption her round of social pleasure, she not only deprives herself of what ought to be one of the most holy privileges and joys of motherhood, but also deprives her child of its natural rights.

Provision may be made by municipalities for the welfare and health of older children, who shortly will become the producers and bread winners of the community. Defects and weaknesses are common among children which if uncorrected or untreated, seriously jeopardise their future life and usefulness, and the parents cannot always be depended upon to do their duty in this respect, either through criminal indifference, lack of knowledge or because of inability to afford the expense involved. It seems desirable therefore that the community should afford assistance in some cases and bring to bear some measure of compulsion in others, and to this end it becomes necessary for the municipality to provide for a medical inspection of school children, the erection and maintenance of a home for dependent and neglected children, and through Public Health Departments and nurses, to educate and assist mothers in preventing the common diseases of infancy through improper feeding. A baby saved from disease due to contaminated milk or other food is just as much an asset as a baby saved from diphtheria. To prevent a child from becoming deaf, blind, crippled or otherwise deficient, mentally or physically, is as useful as to prevent it from having scarlet fever. From the economic standpoint alone, not to mention the humanitarian aspect, a municipality which expends money wisely and under

proper administration, along the lines suggested, saves a much greater future expenditure for the relief of distress and poverty due to delinquency, ill health and general lack of efficiency, the victims of which form a large percentage of the class requiring public relief and aid.

THE ROYAL ALEXANDRA HOSPITAL, EDMONTON

In the February issue of the Hospital World (page 102), the Health Department of the City of Edmonton was credited with having had something to do with the re-organization of the Royal Alexandra Hospital, Edmonton. Dr. Whitelaw, Medical Health Officer of Edmonton, wishes us to state that such was entirely an error, as the Health Department has had nothing directly or indirectly to do with the matter. The Advisory Board, and particularly the Secretary, Dr. Fyshe, worked out the details of the re-organization referred to, which when submitted to the Hospital Board, were ratified and put into effect. "The X-Ray Specialist" referred to at the Royal Alexandra is Dr. George H. Malcolmson, and not Dr. Fyshe. We gladly correct the mistake we made.

Selected Articles

AN IDEAL OPERATING ROOM

Wm. Lee Secor, in the *Medical Record,* asks, What are the essential qualities of a perfect operating room? They may be summed up under the head of efficiency. The more nearly perfect the operating room the more efficient it will be. It should be so planned that, in form, arrangement of adjoining rooms, location of apparatus, illumination, heating, ventilation, and ease of cleaning that the greatest amount of work can be accomplished by surgeons, nurses, and orderlies with the highest degree of comfort and the least amount of effort.

Aside from general efficiency, the subject of the psychic influence of the operating room upon both patient and nurses is one that should receive due attention. In the smaller hospitals where general anesthesia is induced in the operating room, it is of considerable importance, but it is in the operating room used for local anesthesia where the full importance of this subject is felt. Here everything of a psychic nature that will allay fear and give confidence is of the greatest importance in aiding a perfect anesthesia. Surgical assistants and operating room nurses require long training to perfect an "aseptic conscience," and we are of the opinion that pure white surfaces about the operating and sterilizing rooms act as constant reminders, awaken suggestions of cleanliness, and thus aid in this training.

One of the most important essentials of a good operating room is proper illumination, both natural and artificial. In considering the illumination of the operating room from the surgeon's standpoint we may divide operations into two general classes—those done in deep cavities and those done on or near the surface. These two classes of operation require distinctly different types of illumination.

In eye, ear, nose, and throat work, vaginal, rectal, and some deep pelvic work, the field can be better illuminated by con-

centrated light upon the operative area than by the general illumination of the operating room. For this kind of work dark green or black walls are just as good or probably better than white walls.

This type of strongly concentrated illumination may be obtained by a projection lantern and secondary pivoted mirror reflector as was first used in some European hospitals, or may be obtained by a powerful lamp with or without lens attachment and either suspended from the ceiling or attached to the floor stand.

The strong illumination of a cavity is an essential in many special operations, but is only occasionally required by the general surgeon if the operating room has efficient general illumination. It has the great fault of deep shadow formation.

The ideal illumination of an operating room would provide for an abundance of soft light to come equally from every direction. The illumination obtained in the open air at noon on a day when there is an even cloudiness just sufficient in density to obscure the exact position of the sun is to my mind about as close an approach to the ideal as we could get.

One of the most important requirements of the proper lighting of the operating room is that there shall be no shadows, and this is one of the hardest problems that we have to solve in artificial illumination.

The farther we get away from the fact that light should come from every direction and the more we limit the area of the source of illumination and the surfaces about the room from which light may be reflected, the nearer we get to shadow formation.

In an operating room with dark green sidewalls, in which the light is admitted from one side only, with the addition of a skylight, there would, of course, be a light side and dark side to everything in the room. Shadow formation would be inevitable.

In order to solve the problem of illumination and efficiency, I built my operating room with an octagon floor space, twenty-four feet in diameter. Three panels of this octagonal room and a skylight with a northern exposure are constructed of

heavy sanded glass which has one undulated surface to aid diffusion of light. The vertical side walls are ten feet high, from which level the eight ceiling panels slant toward a central horizontal octagonal panel, the space above this ten foot level forming a truncated octagonal pyramid.

While this construction gives an excess of light at certain hours of bright days, we think that this excess can be much better cared for and the evils of glare prevented by wearing what is now known as the Mayo-Secor cap, and glasses with properly tinted lenses than by coloring the operating room walls and using black sheets, gowns, and towels.

When glasses fitted with large lenses of Noviol or Crookes glass are used, the irritating violet rays are eliminated with very little interference with illumination or color values. If these glasses are treated with one of the preparations in use to prevent steaming they will cause the operator no inconvenience whatsoever and may protect him from the loss of an eye due to direct infection, an accident which has cost more than one surgeon an eye.—*The Medical Standard.*

HEALTH CENTRE

In Brookline, a section of Boston, there has been established a Community Health Centre, believed to be the first in America to be established by a family social service agency and giving all kinds of nursing care during maternity, as well as district nursing. Over 30 years ago a club and reading room for men and boys was established, as a beginning. Later, coal and flour savings departments were added, a boys' camp, and then, one district nurse. In October 1912, a regular social service department was opened and the whole work co-ordinated—a real family agency covering all sides of family life, health, recreation and finances. Later the recreation side was given up, and the building was turned over to the Recreation Department of the town. The efforts of the institution were then directed particularly to health and family work. Baby and prenatal clinics

were started, because it seemed that too many under-nourished children were coming into the schools, and in response to a need expressed by the schools through their school nurse.

Co-operating With the Government.

The war awoke the whole country to a sense of its responsibility for the health of its children—the draft revealed startling facts—and in response to a call from Washington through the Women's Committee of the Council of National Defence, further efforts were made, the weighing and measuring of children up to five undertaken, and new clinics—Nose and Throat, Eye and Ear and Malnutrition—were established. With all this went a strong feeling of family responsibility, for after all the upbuilding of the family life of the nation was considered to be the foundation of national life.

The name is deemed a good one, for being a friend in the best sense of the word to whoever needs service, be they ill in body or mind, gives an opportunity to expand and grow.

There are no subjects more talked about to-day than health and child welfare; none that concerns more the life of every individual. Mr. Hoover has recently said " that the attitude of the nation towards child welfare will soon become a test of civilization."

This Community Health Centre was formerly the Brookline Day Nursery. It was lent to the Society by the directors of the Day Nursery to be used as a Health Centre. At this Centre are the District Nursing Department, Baby Welfare, Prenatal, Nose, Throat, Eye and Ear Clinics. The staff is composed of five doctors in charge of the clinics, a registered nurse, three graduate nurses, two undergraduate nurses, one medical social worker and librarians.

The District Nursing branch is mainly for those who are acutely or chronically ill, the length of time depending on the condition of the person ill and not on any financial status.

The Baby Welfare Clinic was opened in March, 1916. Clinics are held once a week, the nurses making necessary visits to the homes. The prevention and educational work done through this department has been thoroughly justified, as the present

death rate in Brookline proves. At present 536 children under five years of age are under this care and supervision. The nurses have made 1917 calls to the homes, and the total attendance at the clinic for the last seven months has been 1540.

Caring for the Unborn Child.

The Prenatal Clinic is held weekly with two doctors in charge.

Not only has a good deal of prenatal work been done in connection with the clinic, but work has been carried on practically under the local doctors in the district and is most satisfactory. A large number of cases have been referred directly through local men, and it is not difficult to see what a difference prenatal and postnatal supervision has shown in this generation. It is realized that its influence is bound to be felt by the coming generation of all classes of people.

Through the generosity of a friend in the district, a sterilizer was given and it has been possible for the nurses to sterilize all supplies used for the patients in this department at their time of illness, making the work more efficient and assuring better and surer supervision.

Two new departments have been recently added—Nose and Throat and Ear and Eye Clinic. Clinics are held weekly with doctors in charge. Through the recent gift house it is possible to do all the surgical work in all cases needing this care. A schedule of prices is made ready and it is claimed that the charges will not be high. It is hoped to make this department self-supporting; because it is believed that a self-supporting work is of more value to a community; not only is there no limit to its work, but it is much more appreciated by those who are benefited by it.

Insuring a Healthy Growth.

Dr. Emerson of the Nutrition Clinic in Boston, after his survey of the New York school children, has made this rather interesting statement—"that a child's general condition and growth depends on the following: adenoids, home influence and food." And the Community Health Centre so recently

added to make Brookline more efficient will be able to realize all the statements made by Dr. Emerson.

The recent influenza epidemic gave the department a splendid opportunity to prove to the public what it wanted to be in the community. During the epidemic the department was most fortunate in the large number of volunteer workers who acted as nurses' aids, but the supervision of untrained persons in so serious an epidemic was not easy. These aids did much to help the graduate nurses accomplish the piece of work which was handled so carefully and scientifically as well. During the last two years instructions have been given to all the Girl Scouts in Brookline in child nursing.

Many of the churches and clubs of Brookline during the year have donated surgical dressings, garments and other necessary things for the people in the community.

To make the work of still further use to the town, it is hoped to establish a maternity ward of at least twenty-five beds. At present, Brookline is surrounded by maternity hospitals, but the long waiting lists make it almost impossible to get Brookline patients admitted.

Hospital Items

ANNUAL MEETING OF THE VICTORIAN ORDER OF NURSES

His Honor the Lieutenant-Governor went back to the organization of the "Jubilee Nurses" in his address at the annual meeting of the Toronto Branch of the Victorian Order of Nurses held in Gage Institute on February 18th, with Sir William Gage in the chair. He told how, at the fiftieth jubilee of Queen Victoria's reign, this association was formed and carried on its work for ten years, when, on the occasion of the Queen's Diamond Jubilee it was decided to extend the boundaries of the enterprise under the new name, Victorian Order of Nurses. It was thus that Canada came into co-operation in the establishment of the order throughout the Empire.

Rev. Dr. I. Tovell opened the meeting with prayer, after which Sir William Gage gave the report of the executive in which he told of a staff of 25 fully trained nurses, under a competent superintendent and of untiring work which reached a climax during the past week, when over 550 visits were made within two days by these nurses.

Regret was expressed at the resignation from the Superintendency of Miss Hall, but satisfaction that so capable a person as Miss Campbell had been secured to fill her place.

Rev. Crawford Brown seconded the adoption of this report.

Miss Edith Campbell, the District Superintendent, reported 41,804 visits made by the staff in 1919, an increase of 6,000 over the record of 1918.

The maternity and pre-natal work, she said, had greatly increased, and 1,500 of the babies born in Toronto were cared for by the order.

Seven new districts were opened during the year, all of which have out-grown the services of one nurse, and in many cases need two or three more to meet the calls.

The adoption of Miss Campbell's report was moved by Miss Dickson, Vice-President of the Canadian National Association of Trained Nurses, and seconded by Dr. N. A. Powell.

The Treasurer's report told of receipts amounting to $38,-687.08; expenditures, $32,628.66, and a balance on hand of $6,058.42. The assets showed a surplus of $30,613.82.

Dr. W. J. Dobbie in the medical report spoke strongly on behalf of the needs of the nurses with regard to salary, facilities for getting about and other matters. When there are so many openings for graduate nurses, he said, he thought it might not be necessary for them to spend so long a time as four months in post-graduate work.

Dr. Harley Smith also thought more ample compensation should be considered, as the work, night and day, was such that the nurses could stand it little longer than eight or ten years. He commended, too, the all-British character of the organization, adding that we borrowed, he thought, too much from the United States. "We borrow their preachers," he said, instancing the names appearing at Convocation Hall, "and we borrow their singers. There's talent in Canada. There's talent in the Empire."

Archdeacon Cody stressed the element of personal service and the combination of the skilled nurse with the social work. Religion, war and science, he said, were the three great factors in the coming into existence of the trained nurse. Florence Nightingale was not just the gentle "Lady with the Lamp" so often pictured. She was a Personage, with a capital "P," a masterly organizer who cut red tape and defied even Quarter-masters-General.

Rev. Father Minehan moved a vote of thanks to the nursing staff and included Sir William Gage in his tribute. Mr. Ambrose Kent warmly seconded his motion.

The following officers were elected: Governors—Mrs. A. J. Arthurs, Hume Blake, Rev. T. Crawford Brown, Hon. W. A. Charlton, Lionel N. Clarke, Dr. W. J. Dobbie, Miss E. Dickson, A. E. Dyment, Dr. H. J. Cody, John Firstbrook, Sir Jos. W. Flavelle, Sir William J. Gage, Arthur Hewitt, Mrs. Vincent Massey, Father Minehan, John Northway, Major Har-

ley Smith, Dr. N. A. Powell; Chairman, Sir William Gage; Vice-Chairman, Mr. Arthur Hewitt; Honorary Secretary, Mr. R. H. Love; Honorary Treasurer, Mr. A. R. Capreol; Solicitor, Major Gerard B. Strathy; Lady Superintendent, Miss Edith Campbell; Auditors, N. Vigeon & Co.; Convener of the House Committee, Mrs. J. W. Langmuir, and Vice-Conveners Miss Ina Matthews and Mrs. Brefney O'Reilly.

Intimation has been given that the Toronto Training School for post-graduate work, in connection with the Victorian Order of Nurses, has been discontinued.

CANADIAN GIRLS DISLIKE NURSING INSANE CASES

Since announcement was made by the Government that it was bringing one hundred girls from Scotland to work as probationer nurses in Ontario hospitals, there appears to have arisen some misunderstanding as to the nature of the project. Some Canadian women declare that girls of Ontario should have first chance in securing the positions; others complain against some imaginary discrimination in selecting girls from Scotland, and that English, Welsh and Irish girls should also have been chosen.

These complaints, the Provincial Secretary's Department feels, are not justified. Officials of the department explained why it was they had been forced to go outside of Canada to secure girls to train as nurses. For months past, they pointed out, the department had advertised in the press for girls to train as nurses in Ontario Government hospitals. At the last session of the Legislature an amendment was made to the statutes providing that "hospitals for the insane" should in future be known as "Ontario Hospitals," on the grounds that there was a stigma attached to the old designation.

When the advertisements were inserted in the press, the officials state, they received numerous replies and requests for

application forms. However, when the applicants perused the latter and found that the work they would be called upon to do would be to care for persons who were insane, they did not desire to take the training course. The result was that few who applied for application forms returned them to the department.

The department has been unable for months past to secure sufficient nurses to give the patients in the hospitals the proper attention. It was to remedy this condition of affairs, and with the object of giving the unfortunates who were mentally unsound and of necessity confined to the Government institutions, the best of treatment, that Hon. H. C. Nixon, the Provincial Secretary, conceived the idea of getting probationer nurses from the Old Land.

It was explained that no discrimination was intended in going to Scotland for girls. It was brought about in this way: Dr. Robinson, Superintendent of the London Provincial Hospital, advised the department that a graduate nurse of that institution, Miss Blank, who was visiting friends in Scotland, believed she could get a number of girls from that country who would be glad to enter the hospitals as probationers.

On being advised of this, Hon. Mr. Nixon notified the Bureau of Colonization to make inquiries. The Ontario Agent-General, General Manley Sims, of London, England, was notified to investigate, and in a surprisingly short time he advised the Government that he had secured 100 girls, Miss Blank, being a graduate nurse of high standing from the London institution, was entrusted with the work of selecting the girls.

It is also pointed out that no special privileges are contemplated for these Scotch girls that are denied to Canadian girls—in fact, there is no thought of any discrimination whatever.

Plans for overhauling and enlarging the municipal hospital at Fort Rouge, at a cost of approximately $1,000,000, are under way, but the scheme may not be completed till 1921. The plan is to establish a group of structures in an immense park on property already owned by Winnipeg on the banks of the Red river.

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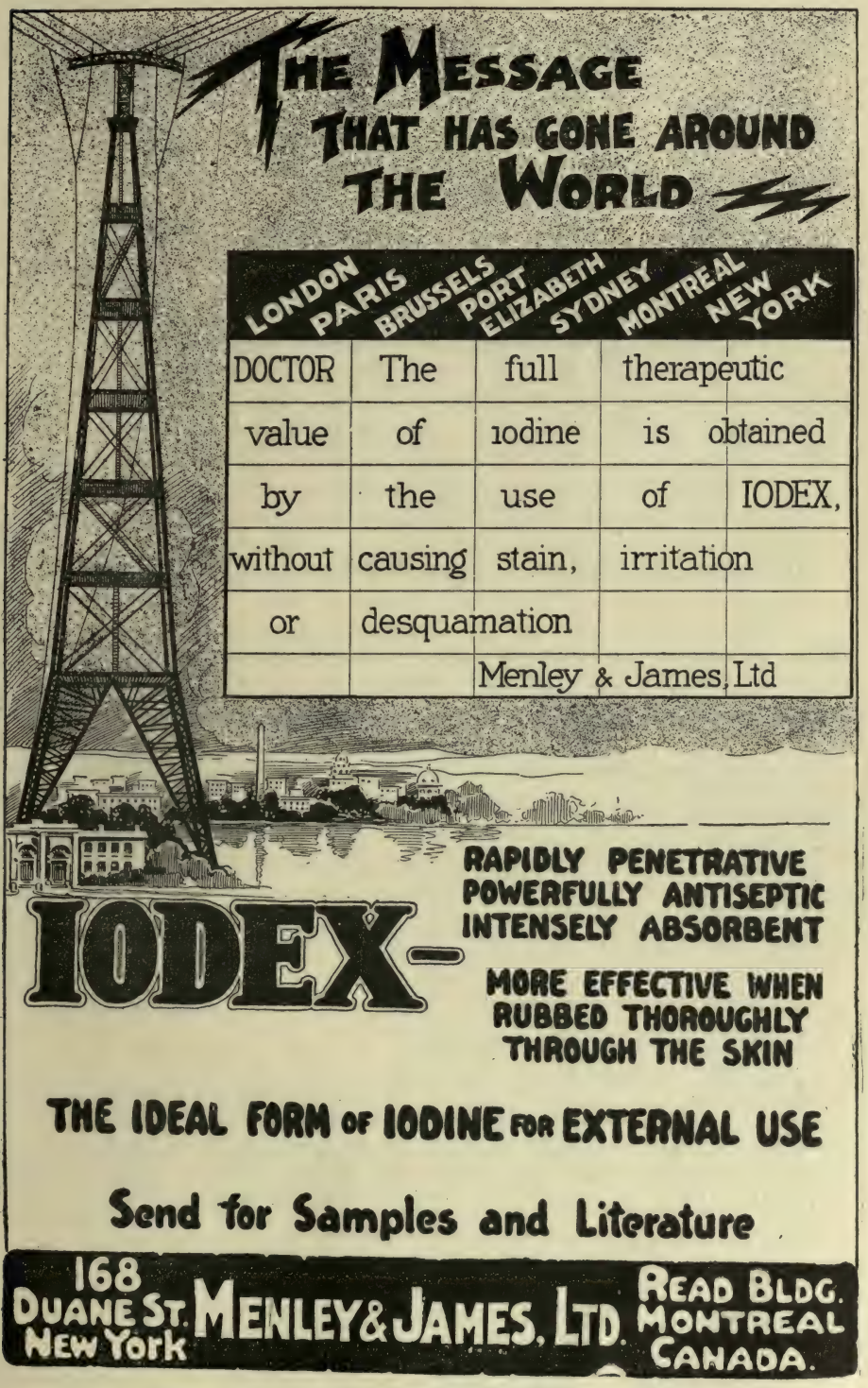
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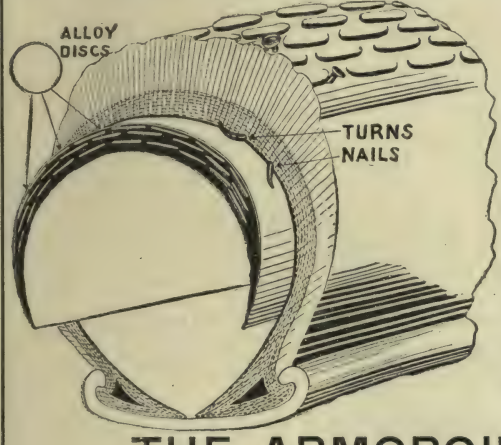
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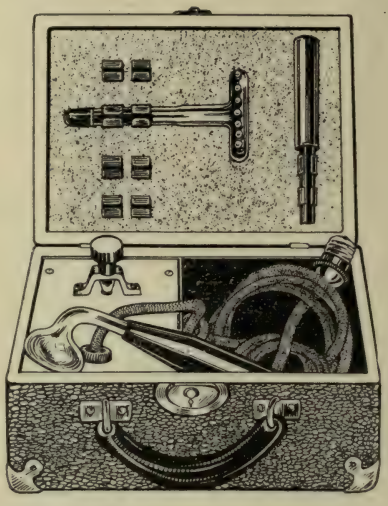
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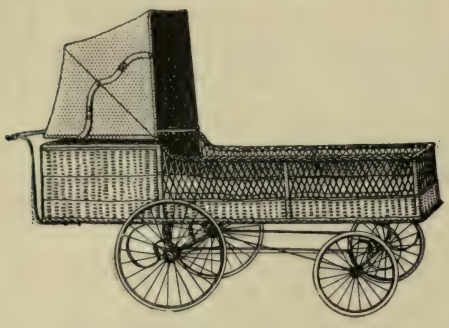
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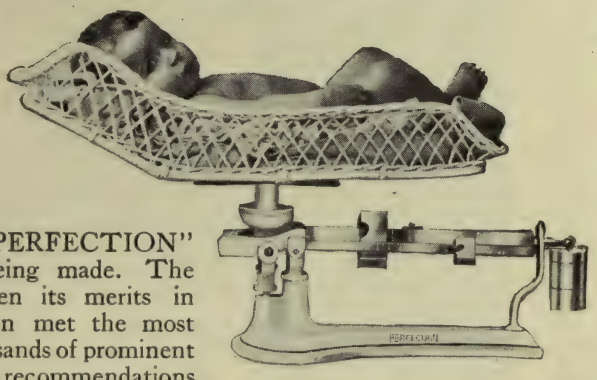


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THE HOSPITAL WORLD

Vol. XVII Toronto, May, 1920 No. 5

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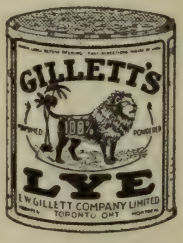


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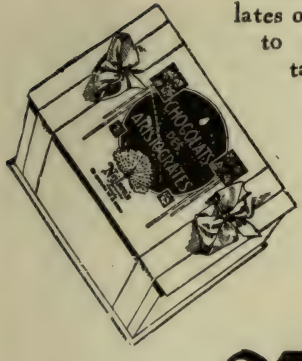
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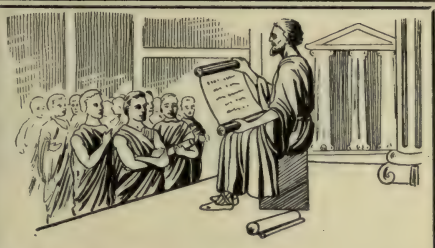
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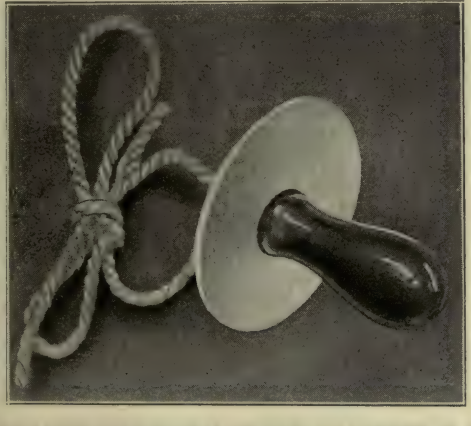
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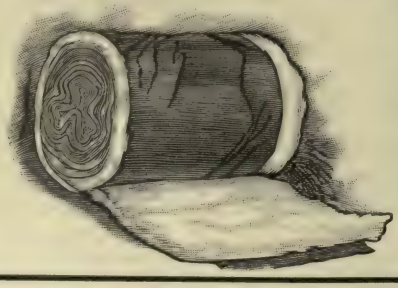
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TRADE MARK

I frequently use a weak solution of menthol over the part . . . then I dry the field and apply Antiphlogistine. The analgesic effect is instantaneous, and the general result is highly satisfactory to myself and my patients.

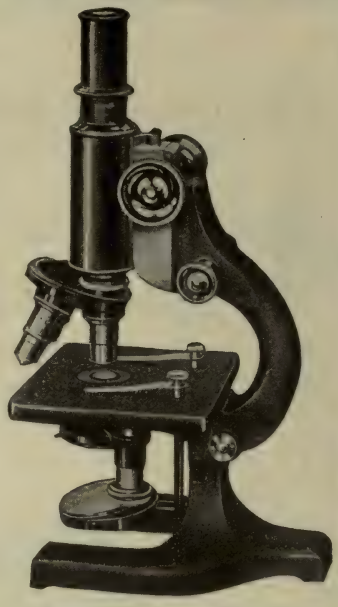
In dysmenorrhea I adopt the same procedure, making the applications over the symphysis, etc. Antiphlogistine always serves me well."

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ANNOUNCEMENT

Competition Among Manufacturers of Zeolite Water Softeners Assured

Refinite Company Discloses Evidence To Invalidate Patent

Plaintiff Would Withdraw Suit Against Refinite

IN COURT at Buffalo, N.Y., a suit is pending against a user of the Refinite Water Softener and against the Refinite Company, manufacturer of this system. Infringement of patent rights claimed to have been granted under the name of a German inventor, is alleged.

This suit was filed, as most users of the Refinite system know, following a long period during which such action was openly threatened against and held as a club over, purchasers and prospective purchasers of Refinite Water Softeners.

In legal controversies of this nature courts have established that a basic patent on a device described in a printed publication two years before the patent is applied for, **is not valid.**

Evidence has just been disclosed proving that the type of water softening equipment attacked in this suit was described in such a publication at least three and one-half years before the date of application for the patent sued on.

SO CONCLUSIVE IS THIS EVIDENCE THAT THE PLAINTIFF HAS SIGNIFIED ITS WILLINGNESS TO WITHDRAW THE CHARGES AGAINST REFINITE, under certain conditions. The conditions, however, would be unfair to the trade and the consumer, as is explained later in this announcement.

Why This Interests You

Prior to the competition created by the Refinite Company, the zeolite water softener field was practically controlled by one manufacturer. Prices of water softeners utilizing such mineral were very high.

The Refinite Company, due to its use of Nature's own water softening mineral, Refinite, was enabled to put on the market a really efficient and satisfactory system at a moderate and fair price.

Forthwith began a campaign of threats and intimidation. It was directed, not at the manufacturer of the Refinite system, but at users and prospective users. Many Refinite owners were urged to supplant their Softeners with another company's system, even at a big expense, as the only way to escape heavy legal penalties ; prospective purchasers were told that selection of the Refinite Softener meant prosecution and damages.

At the same time propaganda of calumnies and falsehoods about Refinite were spread.

REFINITE
RIVAL OF THE CLOUDS
TRADE MARK

Nature's Water Softener

COPYRIGHT 1920—
THE REFINITE COMPANY

EXTRAORDINARY

Such underhand and unfair business methods served only to make the Refinite Company more determined to "break open" the zeolite water softener field. By guaranteeing full protection against any possible loss from infringement action, it forced the issue until finally suit was filed.

The Refinite Company immediately took complete charge of the defense, as it had promised, and became a party to the suit. Delay followed delay. Meanwhile the campaign of intimidation directed against the trade continued.

Offers to "Make a Deal" with Refinite Co.

When proof was presented that water softening equipment of this type was in use long before the patent was applied for, the Refinite Company demanded that the plaintiff withdraw the charges or go to immediate trial. The plaintiff proposed instead the following :

> That the suit against the Refinite Company and the Refinite user be dropped but the plaintiff be allowed to continue its suit against another manufacturer and to validate its patent claims ; and the Refinite Company then be allowed to operate under the patent or under a license.

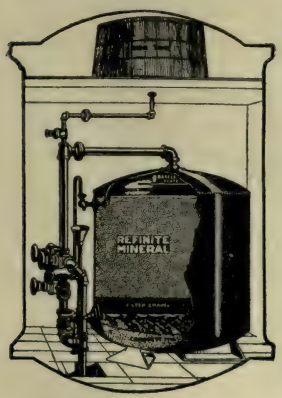
Refinite Company to Play Fair with the Trade

Such an arrangement would mean, of course, that the owner of the patent and the Refinite Company could manufacture and sell water softening equipment using zeolites. All others would be infringers. The field would virtually be monopolized, competition stifled, and prices could be boosted to—well, whatever levels these companies desired. The trade and the public—you who need soft water—would suffer.

The Refinite Company refused, and it herewith assures you that it will never enter nto any such cabal.

The Refinite Company realizes that lawsuits and other differences between business rivals ordinarily are of little interest to the public. Yet this instance, we feel, is an exception. You are interested in soft water. You want the best water softener to be had, you want the development of this science continued, and you DO NOT WANT to pay more than a reasonable price for such service. Therefore, we consider it our duty to give you the facts and advise you as to the status of the infringement suit.

We know there have been a few prospective purchasers of Refinite Water Softeners who have been intimidated by the threats of suit. But we are pleased to find that hundreds of others were not. The business of the Refinite Company has shown a very gratifying increase every month over the previous month since the beginning of the fight.



Refinite engineers are at your service at any time, without obligation whatsoever on your part, to confer with you about a Refinite system for your use. Address our nearest office and one will call. And until the legal action referred to above is finally settled, the Refinite Company will be very glad to furnish you full protection (surety bond if desired) against any possible expense resulting from such a suit.

ADDRESS OUR NEAREST OFFICE

THE REFINITE CO.

Refinite Bldg., Omaha, Nebraska

Factory at Ardmore, S.D.

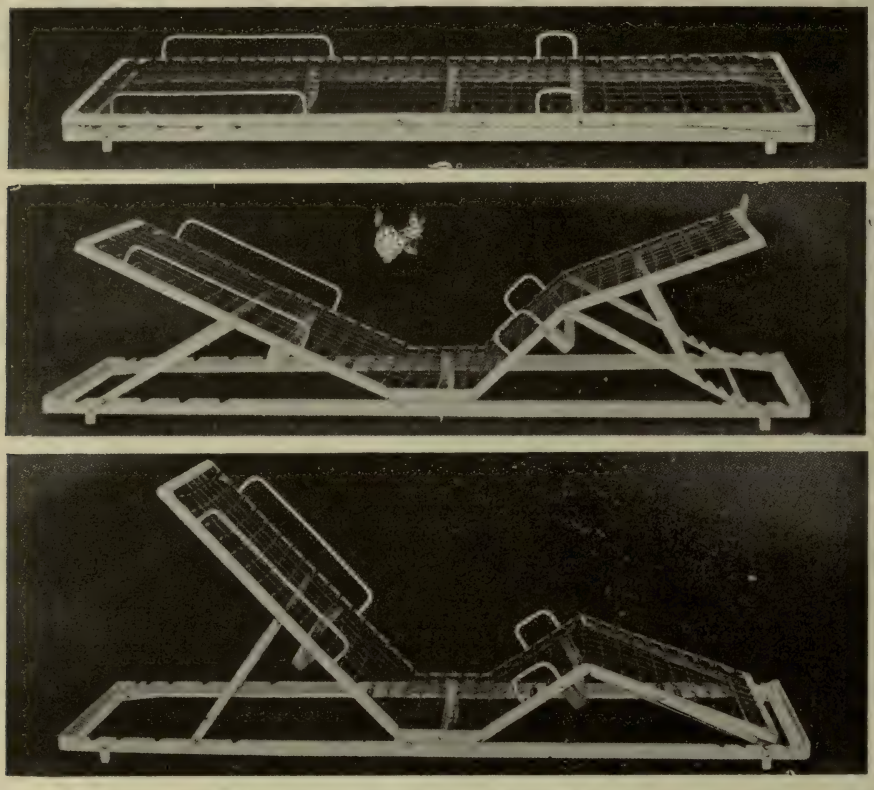
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The three illustrations on this page show the simplicity of this equipment; they also show a few of the many different changes of position that can be permitted the patient through its use. Construction is of strong angle steel; yet the frame is light. The fabric is our regulation Simmons patented, galvanized, twisted link, rust-proof fabric, suspended by heavy helicals. Hand guards conveniently placed provide for quick and easy change of position. Supplied in aluminum finish only.

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"THE BRITISH MEDICAL JOURNAL"

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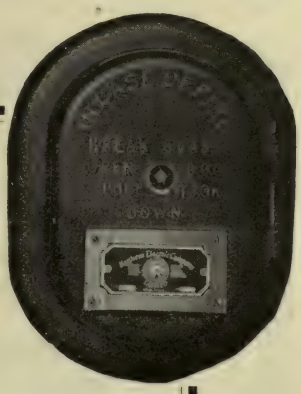
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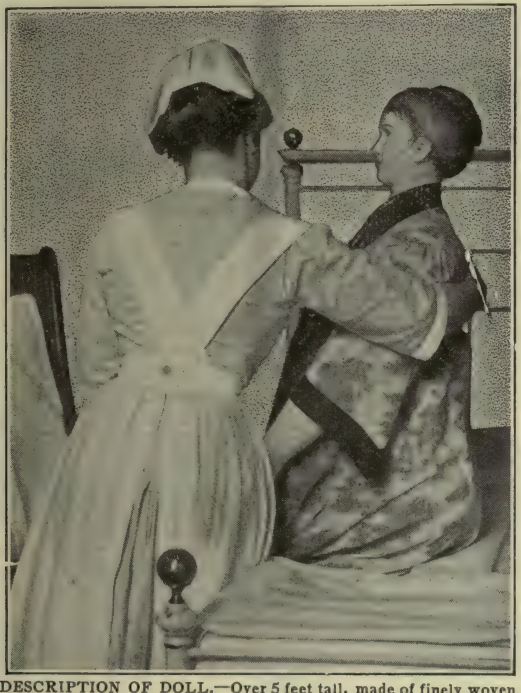
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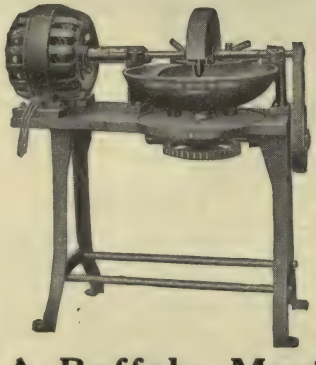
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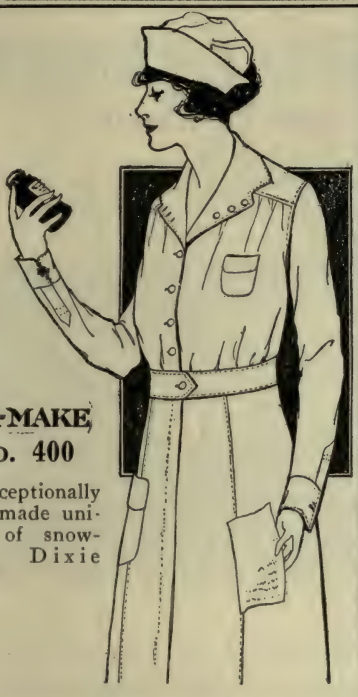
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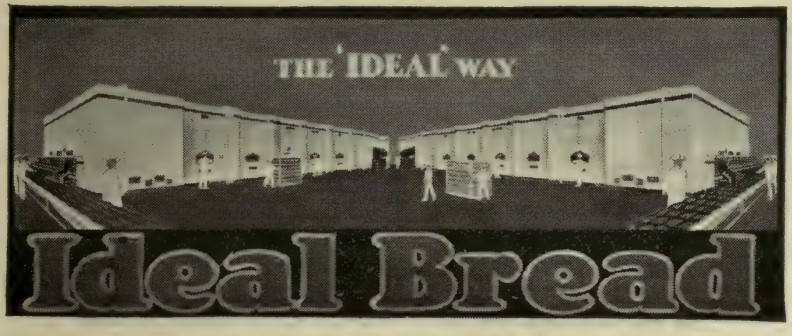
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The Hospital World

TORONTO, CANADA

A Journal published in the interests of Hospitals, Sanatoria, Asylums and Public Charitable Institutions throughout the British Empire

Vol. XVII. TORONTO, MAY, 1920 No. 5

Editorials

INFLUENCE OF THE GREAT WAR ON HOSPITALS

THE war has shown that emergency hospitals may be constructed in a few weeks—hospitals which will give at least several years service—at a cost of only a few hundred dollars per bed. This is instructive to pioneer towns and settlements. The lesson might be taken to heart by municipal authorities and philanthropic citizens of many towns of three and four thousand population, now without hospital accommodation, if they would be willing to bury their pride and commence in this modest way. It would be better to build such temporary structures rather than to re-model many an old mansard dwelling as is now being done.

As to diagnosis, the great war has proven the indispensability of a laboratory and an efficient laboratory worker. Every practitioner in every town feels the need of such aid in his private practice. In

connection with our modest town hospital a few hundred dollars will provide a room or a small one or two-roomed hut, or building, for this purpose. One of the recent graduates who is waiting for patients and longing for something to do would gladly give three hours a day to doing the " lab." work.

The importance of hydrotherapy, massage, electricity, and occupational therapy has been manifested to a marked degree in the treatment of patients with organic or functional nerve and brain diseases, stiff joints, adhesions, fever, and many other chronic ailments. The convalescent patients are particularly helped by the ergotherapy, some of them finding in their newly-acquired abilities a new form of livelihood.

The need of an X-ray outfit for diagnosis in both medical and surgical cases is clear. Fifteen hundred dollars or so will secure it. It might be placed near the surgical and emergency department to be conveniently utilizable for fracture cases. The laboratory man, or some other young practitioner, might take this work over.

We hope to make further allusions to this subject later on.

HUMIDITY

A RECENT writer in some of the hospital and medical journals has sought to shew the effect of humidity on mortality after operations. The subject is a difficult one, as there are so many other contributory factors to morbidity and mortality after operations.

It is well, however, that the attention of doctors and hospital administrators has been drawn to the subject of humidity. And it would be well to instruct the community at large on the subject, as, without doubt, everyone, most of whose time is spent indoors, suffers, unconsciously perhaps, or is deleteriously affected by the lack of humidity in the air of their homes, particularly in winter.

Some of the so-called humidifiers are valueless, because they do not humidify. Their influence (if they have any) is purely psychic. Dr. Hanlington says that the actual process of humidification is relatively simple, though most of the humidifiers now in the market are inadequate. Two processes are effective: one by which warm air is blown through a spray of water—to be seen in an occasional city hospital; the other, much cheaper, where the heating plant is already installed, consists in suspending wicks with their lower ends in dishes of water and their upper parts spread out back of radiators or in other suitable positions. Where hot air is used a series of non-inflammable wicks placed in the hot air chamber with their lower ends suspended from sprinkling pipes with rows of holes opening on both sides of the wicks. An automatic valve in the pans opens when the water becomes too shallow and thus allows the sprinklers to play on the wicks until enough water trickles down to fill the pans again.

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Original Contributions

WHAT SHOULD BE TAUGHT TO-DAY ABOUT THE PREVENTION OF TUBERCULOSIS*

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The more recent investigations as to the methods by which tuberculosis is transmitted from one person to another have demonstrated that certain newer measures are necessary for the prevention or eradication of this disease. Much that has previously been taught must, in the light of more recent research and more widespread observation, be discarded. Prophylactic measures in vogue which do not harmonize with the more accurate knowledge of to-day must either be altered or abandoned.

Heretofore, the chief concern has been to educate, supervise and control adult cases of tuberculosis. It can now be demonstrated that these are in a measure the least important part of the problem. Infancy and childhood, previously practically neglected, constitute that part of the problem which should be to-day our greatest concern.

The subject will, therefore, be discussed as it relates: (1) To infants under three years of age; (2) to children over three years of age, and (3) to adults.

Infancy: Careful investigations lead us to believe:

1. That a child at birth is free from tuberculosis, even if one or both parents should be tuberculous, either at the time of its conception or at the time of its birth.

2. That the great majority of adults who have tuberculosis, did not contract it in adult life, but were infected at some time in early childhood.

*Presented at the Annual Meeting of the Canadian Association for the Prevention of Tuberculosis, 10th October, 1919.

3. That in children under three years of age the proportion infected is small, not because these infants are less susceptible, but because they are usually less exposed. At this age, however, infection more frequently results in disease, and disease in children under three years is more often fatal than in older children.

4. That in children over three years the proportion of those infected gradually increases until at fifteen years it reaches about 90 per cent. After three years of age the type of disease is less severe; the period of sickness is usually more prolonged, but deaths are less frequent, although the number of cases is greater.

These observed facts clearly teach us that the logical method of attack on tuberculosis is to prevent disease, resulting from infection, in the young.

The infant, from the moment of birth until three years of age, must be protected from infection by the tubercle bacillus. In the home in which there is a tuberculous parent, drastic measures will be required. To compromise is but to invite disaster, with the assurance that the invitation will be accepted.

A Tuberculous Mother must not be allowed to come in contact with her child during this period. It is not sufficient to say that the mother must not nurse the child (for while it is admitted that few infants that have been nursed by a tuberculous mother survive, the danger from contact is not greater in nursing than in many other acts). Weinberg[1] in an investigation of 18,000 children, embracing 5,000 families, found that the nearer the birth of the children to the time of the death of their tuberculous parents, the higher the mortality among them. Fishberg[2] has shown that in New York City among children of tuberculous parents not only was the mortality in general excessive, but that 16 per cent. of the deaths among children under six years of age were due to tuberculous meningitis as compared with only 1.27 per cent. among the general population of the city. The conclusions are self-evident. If the mother is tuberculous the infant should be removed immediately after birth,

[1] Die Kinder der Tuberkulosen, Leipsig, 1913. Quoted by Fishberg, Pulmonary Tuberculosis, p. 447.
[2] Archives of Pediatrics, 1914. xxxi, 96, 97.

and contact between mother and child should be prohibited during the first three years of life.

If the Father is Tuberculous he should not live in the house so long as there is in the house an infant under three years of age. This point needs further emphasis. It does not make any difference how well trained the tuberculous person is, or how much care is exercised, he or she should not live in the same house with an infant. No care which even the most careful consumptive may take will as a rule prevent infection in an infant if there is contact. And infection in infancy is almost sure to be followed by disease, and disease is too deadly, in the majority of cases, to justify any risk being taken.

It is a matter of interest that our agriculturists have long since recognized this fact, and have put it into practice to a very large extent. There is not an intelligent farmer who does not recognize that the question as to whether or not the offspring of tuberculous animals become tuberculous depends entirely upon exposure after birth. With our domestic animals, where the value is recorded in dollars and cents only, we are willing to apply the knowledge we have and are securing self-evident results. Are we to be less intelligent when we deal with the offspring of the human race?

So much for the infant in the home where there is tuberculosis. But what of the home in which there is no tuberculous person? The same general principles apply. The infant must be protected from the tubercle bacillus. The infant should be kept from contact with strangers. These strangers or friends may or may not be safe. Why take the risk? It used to be said that "children should be seen and not heard," and while this may still be true of older children, for infants it would be much better to reverse the advice and say that in their own interest, "children should be heard and not seen." Nor must the danger from grandparents, uncles, aunts, nurses, and domestics be forgotten. Any of these may be the source of infection unless they are known to be absolutely healthy.

The healthy parents should be impressed with the fact that infants under three years of age contract tuberculosis very easily, that a single exposure is frequently in itself sufficient,

and that, on the other hand, by taking reasonable and ordinary care their children may be protected during this most susceptible period of life.

It should be added that the danger from bovine tuberculosis is not to be forgotten. When cow's milk must be used, care should be taken to have it carefully selected and then pasteurized.

There is really nothing in the programme outlined above that cannot be done by any family of reasonable means. In other cases it would be an economy for the State to spend sufficient money to give this degree of protection to the infant population.

In Children Over Three Years of Age: After three years of age when the child begins to run about, the problem becomes entirely different. Obviously, it is no longer possible to secure the same degree of isolation as in the years of infancy. Nor is it desirable that this should be done. Now the child must be carefully introduced to the tubercle bacillus so that he may prepare his defence against it. As the child must soon go out into the world, and there mingle with strangers of all kinds, it is obvious that he will at some time meet with the tubercle bacilli and become infected. We know that this will occur because we have evidence to the effect that at 15 years of age about 90 per cent. of children have been already infected. We know, too, that immunity is developed by repeated small doses, and that disease is produced by massive doses of infection. What we should aim to do then is to protect the child from massive infections such as might be had from tuberculous persons living in the house. These children are not likely to receive massive doses from strangers. If these massive infections are prevented we need not fear the smaller and more casual infections, because, except in the case of infants, these casual and small infections are relatively harmless. And as immunity is essential for the future welfare of the child it is quite desirable that it should be developed, and the period intervening between infancy and adolescence is the most opportune time at which to invite infection for this purpose. But while these small infections are being received and immunity developed, it

is most important and desirable that conditions should be such that the fruit resulting from the infection will be immunity and not disease. There must be no defective nutrition resulting from underfeeding, overwork, or intercurrent disease. Resistance must not be reduced, but must be maintained to as high a degree as possible.

In Adults: In adults, the problem of preventing infection requires very little attention. The great majority of adults have already been infected before reaching adult life. What adults have to fear most is not further infection from without, but an extension of the infection which they already have, leading to the development of a group of symptoms which we are pleased to call the disease tuberculosis. All adults should, of course, avoid prolonged and intimate contact with the grossly careless tuberculous person; but there is little to be feared through ordinary contact. It has been said that the "careful consumptive is not a danger to anyone." This might be modified to read, "the consumptive is a grave menace to infants, less dangerous to children, and no danger at all to adults if reasonable care is exercised."

Tuberculosis in adults is either primary or secondary. If it results from a primary infection it runs an acute course and is almost invariably fatal. This is the type of disease seen in primitive peoples, who have not been exposed to infection during childhood. The usual form of disease, however, as we see it in adults, is of the secondary type. This, as a rule, results from infection in childhood, and is the type that produces the greatest portion of the tuberculosis problem. To avoid this type of disease the adult should not be taught to avoid other adults who happen to have the disease, but who are not careless, but he should be taught to build up his defences against the germs already in him. His resisting powers must be kept to a high degree of efficiency. Overwork, underfeeding, poor housing conditions, dissipation, and other diseases are the things he should be taught to avoid; and rest, sleep, good food, fresh air, and moderate, temperate, healthful living are the things which he should be taught to seek.

Were this view of the prophylaxis of tuberculosis generally

appreciated there would be a considerable change in the usual programme of Anti-tuberculosis Societies and Boards of Health. At the present time a great deal of attention is being paid to the adult with tuberculosis, in institutions, in homes, and in places of business. Once an adult is labelled tuberculous he is at once shunned by many of his fellow adults, and in many municipalities becomes a subject of much attention on the part of Health Boards and well-meaning social workers. Usually, much of their effort is misdirected, and instead of making the adult consumptive safe for the community, he is made an unhappy subject of aversion to such a degree that he may be driven to adopt various methods of concealing the fact that he has the disease in order that he may be free from annoying and misdirected supervision. He thus becomes a greater menace than he was before. As Fishberg[1] concisely says: —

"It is therefore a vain effort to follow up tuberculous persons, push them from pillar to post, interfere with their employment, as has been done in many cases, with a view of preventing infection of fellow workmen," or as Baldwin[2] says:—

"Adults are very little endangered by close contact with open tuberculosis, and not at all in ordinary association. . . . It is time for a reaction against the extreme ideas of infection now prevailing. There has been too much read into the popular literature of health boards and lectures that has no sound basis in facts, and it needs to be dropped out and revised."

Neither of these writers are disbelievers in the value of *all* of our present methods of prophylaxis against tuberculosis in adults. Nor do I wish to be misunderstood. Much that has been done is of great value. Many of the regulations we now have are excellent, and deserve only more complete enforcement. But in spite of this, there is much misdirected effort, and much wasted energy on the part of inexperienced and poorly informed workers.

Let me emphasize again. We should not be afraid of the tubercle bacillus. For ourselves, as adults, we need fear no attack except from those that are now in our bodies. For the children, since we cannot permanently protect them from inva-

[1] Fishberg, Pulmonary Tuberculosis, p. 452.
[2] Johns Hopkins Hospital, Bull., 1913, xxiv, 220.

sion, let us wisely choose the time when the bacilli are first to be met. If this be done, the tubercle bacillus may be transformed from a menacing enemy into a protecting friend.

This is what should be taught to every adult, as comprising the knowledge in accordance with which he should live and act as an individual.

Collectively, however, there is also something to be done in helping those who are but feebly able to help themselves.

There are but two real problems of importance, as I see it, aside from that of preventing the infection of children. These are, (1) the best method of giving assistance to those tuberculous persons who are anxious to do all they can to live so as not to be a source of danger to others; and, (2), the best method of dealing with those tuberculous persons who are careless of the rights of others and who have no concern as to whether they are a danger to others or not.

As to the former class, the greatest need usually existing is financial assistance. The only method, at present in use in Canada, by which a person with tuberculosis can obtain assistance is by entering a hospital or sanatorium. This method is open to but a comparatively small number. Let us get the situation clearly in mind. In the Province of Ontario there are, perhaps, 25,000 consumptives. These are not all indigent, some are self-maintaining, and some are only partially indigent. Suppose they are equally divided, about 8,000 in each class. What can we do for them? It is evident that they cannot all be sent to institutions, because there are not more than 2,500 beds for consumptives in the whole province. Fortunately, it is not thought best that all tuberculous persons should be cared for in institutions. It is not desirable that they should be. You may reasonably ask what cases should be sent to institutions.

There are three classes of cases which should go to institutions. (1) Those who have no homes. These are the people living in boarding-houses or rooming-houses. (2) Those who have homes, but homes in which the conditions are so bad, from a social point of view, that one could not expect to have any success in enforcing any standard method of care. (3) All those who are palpably in need of education and who cannot

be educated at home. For the sake of economy, none of these should be sent to institutions in the haphazard way at present in vogue. A period of sanatorium treatment should be regarded as a serious undertaking, entailing expense to either the individual or the community, and commensurate returns should be expected, and sought. To this end those who should go to an institution at all should go for a definite period.

Early cases should go on the understanding that they stay three months at least; advanced cases six months at least; with no option of coming out at all for any but the most serious reasons during that period. At the end of the period each case might be considered by a board of physicians, one representing the institution and one representing that portion of the community which is supplying the funds for the maintenance of the patient, and one representing the patient. This board should decide at the end of the stipulated period whether the patient is to stay longer, or whether he may be allowed to go home to live under conditions that may be prescribed.

Utilized in this way, the 2,500 beds available in Ontario would produce better results for the community than are secured by the methods at present in vogue.

And what of the 22,000 who must be cared for at home? We have developed a highly specialized and technical method of examining cases of tuberculosis, and it would be just as simple to establish and to put into effect a standard method of treating cases of tuberculosis in the homes. The only real difficulty is that many have not the means. They need financial assistance, and it would be an economy to provide assistance, so that home life under proper conditions could be maintained, provided there are no young children in the home. This financial problem is not logically, as it has heretofore been regarded, a purely local one. The Federal and Provincial Governments are interested, and should unite with the local municipalities to provide a fund for this purpose.

If the war has done one thing for us more than any other, it has enabled us to appreciate large efforts. Formerly $1,000 seemed to be a large sum, now one never thinks when one mentions a million. It is exactly the same with tuberculosis.

Formerly a million dollars was an enormous sum to think of expending on tuberculosis. It is really a very small sum when you compute the value of the lives which are each year being lost.

Now the last problem is that of the incorrigible consumptive —the man (or the woman) who will not accept advice, who does not care whether he endangers the health, happiness or life of others or not, who will not live under sanitary restrictions at home, and who refuses to be amenable to the rules and regulations of an institution. There is only one way to deal with such. They must be made to obey. They should not be allowed to remain a menace to the children in their own homes or to those of the neighborhood. Nor is it fair that they should be sent to institutions to disturb patients who are honestly endeavoring to help themselves by observing the necessary restrictions prescribed. These social and sanitary outlaws should be cared for in a tuberculosis department in a penal institution. I am satisfied that such a department would not need to be a large one. Let our hospitals and sanatoria be made as attractive as possible for voluntary patients, let assistance be given in the homes in suitable cases, let these advantages be offered alike to all who need them, on condition that willing co-operation is forthcoming. But to those who will not co-operate, let there be no option but a prolonged period in a place of detention. Moral suasion would then become a strong force in the hands of the social worker. In this aspect of prevention, private philanthropy, municipal, provincial and federal officers of health are all interested. But the work of all of these should be so directed and co-ordinated that there may be no waste of effort in a campaign in which the attacking force is, even under the best of circumstances, anything but adequate. May it not be possible for us to hope that, with the establishment of a Federal Department of Health and the appointment of a capable and energetic Deputy Minister, some such direction may be given to a widespread offensive against tuberculosis.

To this end education of the public is urgently required, and it would seem indeed to fall within the sphere of such an organization as this, in our present active period of reconstruc-

tion, to press for an active educational campaign along these lines, viz.:—

1. The absolute protection of infants.
2. The careful protection of young children from disease while immunity is developed.
3. A more rational attitude toward, and treatment of, the adult consumptive.
4. The providing of maintenance assistance to needy consumptives, not only in institutions, but as well as home when prescribed living conditions are followed.
5. The detention of the incorrigibles, where they will be neither a danger to children nor an annoyance to their fellow adults.

Canadian Hospitals

FLAVELLE AND LARKIN HEAD HOSPITAL BOARD

Sir Joseph Flavelle and Mr. P. C. Larkin were re-elected to the positions of Chairman and Vice-Chairman of the General Hospital Board at its annual meeting on January 28th.

The board told a deputation from the local Board of Health that it would co-operate with civic officials in combatting the threatened influenza epidemic. The board was prepared to postpone the dismantling of the old building, and that the property might be sold if it could assist civic officials.

A deficit is shown in the annual statement of $78,882. The revenue for the year amounted to $701,909, and was as follows: City of Toronto, $75,638; Ontario Government, $25,000; Militia and Defense Department, $172,710; pay patients, $416,703, and miscellaneous, $11,857.

ASK LARGER GOVERNMENT GRANTS

The Hamilton City Hospital Governors intend joining with St. Catharines in asking the Ontario Government for a larger grant for patients. The grant now is 7c for children and 30c for adults. The Governors very properly thinks it should be raised to 30c and 75c. Medical Superintendent Dr. Langrill states that it costs on an average of $2.87 per day per patient.

Selected Articles

THE POSITION OF THE GENERAL HOSPITAL IN A REGIONAL SURVEY*

By Sir Napier Burnett, K.B.E., M.D., F.R.C.S.

Introduction.—The verdict of history, in explaining the success of the Allies in the recent war, will surely be that it was due to concentration and co-ordination of effort. This truth is nowhere better illustrated than in the study of the health of our armies in France. Throughout the Napoleonic Wars there was something like 90 per cent. more deaths from disease than from bullets; in the South African War the sickness figure, although still high, fell to 60 odd per cent., and in the recent war, when the final figures are published, it will be found that the deaths from sickness as compared with bullets will be under 20 per cent.

I suggest that the explanation of this remarkable result is to be found in the detailed provision made by the medical officers—both regular and temporary—for the prevention and cure of disease.

Let me direct your attention from what history will assuredly record as a glorious chapter in scientific attainment, to the warfare that exists in our own midst from day to day—the warfare with disease in civil life. How are our forces organized for this campaign? Take first the medical profession; in contrast to the organized system under the military *régime,* the scientific forces at home are loosely arranged and with but little or no attempt at organization. Individualism remains an outstanding feature of the medical profession, each man working on his own. Try to picture what might be accomplished by a collective and united effort by the medical forces of this country. Great progress has undoubtedly been made in many directions;

*An address delivered at the Royal Infirmary, Aberdeen, 23rd September, 1919.

take, for example, many of the zymotic diseases—typhoid, typhus and smallpox—these are now so rare that many medical men engaged in practice during the past ten to fifteen years have never seen a single case of any of these three maladies. In the Counties of Northumberland and Durham there exist to-day, as a monument to that foul disease of smallpox, some 28 hospitals containing 730 beds entirely reserved for the treatment of that disease, but they remain empty from year to year.

Many other instances might be quoted in illustration of the progress that has been made, both in preventive and curative medicine; but when we look at the periodic returns of the Registrar-General, we find that disease as the enemy of the human race is still firmly entrenched in the form of cardiac, renal, pulmonary and malignant diseases, infantile mortality, puerperal sepsis, and mentally deficient children.

What is the explanation and wherein do we fail to overcome in our battle with such diseases? As I have said, during the war our efforts were co-ordinated and much real progress was attained; but why should war monopolize all our best efforts? The call is as urgent during peace as during the years of war for a united and organized profession, and this I suggest is capable of attainment when each medical man regards his service from the point of view of the needs of the nation.

Hitherto no single department of our Central Government has been responsible for health matters: authority has been divided between the Local Government Board, the Home Office, the Board of Education, etc., but now, with the establishment of a Ministry of Health, the country has taken the first real step towards the ideal of unity of command. The new Ministry has been established with the dual purpose of, first, co-ordinating all existing efforts in the battle with disease, and secondly, to institute legislation necessary to further the great campaign.

Just as there was divided authority over health matters in the Central Government, so at the periphery confusion still more abounds. Take, for example, your own locality: What is the organization and who is the authority controlling the health of this community? There are the Poor Law or Parish

Council, the Town Council with its Health Committee acting through the Medical Officer of Health and his staff, the Royal Infirmary and the other hospitals of the city and districts, each working independently of the others; there is the local Pensions Committee, the Factory Inspector reporting to the Secretary of State or the Board of Health, the Asylum Committees responsible to the Board of Control, and the general medical practitioners. Although dealing with cognate matters, there is practically no co-ordination between these bodies—there is no unity of effort—with the result that much expense is incurred and energy dissipated.

Just as unity has been attained centrally in the Ministry of Health, so there is an urgent need for a replica of the Ministry in the various districts throughout the country—an authority that will unify and direct all local energies pertaining to health.

What form this local authority is to take and over what area it is to exercise jurisdiction, are questions that have not yet been decided by the Ministry of Health, but I wish to-day to bring to your notice some suggestions for the division of the country into regions or provinces for the administration of all matters pertaining to public health.

Local government executives consist to-day in the main of two bodies, viz. (1) the Urban and Rural Councils and (2) the County Councils: these are the present local authorities responsible for carrying out the laws as passed by Parliament. It is well known that at present these bodies are being taxed to their utmost capacity in carrying out the existing legislation, and the prospect of further burdens being placed upon them, it is feared, may result in some of the work being left either undone or carried out in an indifferent manner. The Government, on the other hand, in fulfilment of the promises made at the last General Election, have been carrying through a large volume of fresh legislation, probably without giving much thought to the capacity of the local executive machine to administer the new Acts of Parliament. Therefore, I suggest that the time is now opportune for the Legislature to consider the advisability of *strengthening or supplementing* the present local

government executives by the establishing of regional areas or provinces, each region to be administered by a Health Council, whose main function would be the supervision and co-ordination of all matters pertaining to health.

In support of such a proposal I submit the following reasons:

1. The present arrangement of Rural and Urban Councils is too parochial for dealing with the great problems of Public Health; the importance of the subject calls for a wider vision.
2. The Ministry of Pensions, which has only to deal with a relatively small part of the problem that lies ahead of the Ministry of Health, has felt it incumbent to decentralize in order to overtake the work, and the country has been divided into so many regions, each having its advisory council.
3. Some years ago the present Secretary of State for War aroused considerable interest by a speech in which he outlined a scheme whereby the country might be divided into separate provinces, with the object of devolving larger powers of local government, so as to relieve the legislative congestion of the Central Government, and only two months ago did the present Government agree to set up a commission of inquiry into this very subject of devolution.
4. If the highest spirit of integrity is to be maintained in local government, I suggest that the granting of large powers of local autonomy will attract the best type of men for public service. Let me quote in this connection a sentence from a contribution by Mr. Henry Hobhouse, read at the International Congress on the Administrative Sciences held at Brussels in July 1910: "The greatest advantage of devolving large powers on local bodies is undoubtedly the encouragement of local public spirit. The more important the functions devolved, the more likely you are to get public-spirited men to give time and money to the local administration. It has for many years past been a striking feature of English society that

> so many men of capacity and integrity have been found to do public work without remuneration. If this healthy spirit is to continue we must give our local bodies plenty of freedom to act within the limits assigned to them by law."

With the division of the country into regional areas, the ground would be cleared for instituting a *National Sanitary Survey.*

It has been suggested that logic translated into reasoned action is probably not the most outstanding feature of the British people: on the contrary, it would seem that we have not been averse as a nation to the policy known as " muddling through." In the past there has been a good deal of " muddling " in health matters, but with the physical shortcomings of the race, as revealed by the Ministry of National Service during the war, and the quickened conscience of the people now developed in regard to health, the way is open for the new Ministry of Health to obtain sound legislation of a far-reaching nature. But before such legislation is undertaken, I suggest that it is essential for a sanitary survey of the nation to be made in order to ascertain the " facts " as they at present exist throughout the country—in short, get the facts first and thereafter legislate! A central bureaucracy in London is not always able fully to appreciate the importance of the local conditions and local needs of a community; these conditions and requirements are best known and appreciated by those resident in and conversant with each locality.

Therefore I suggest that the necessary survey of each district should be undertaken by those resident in the locality, always under the supervision and authority of the Ministry of Health in order to guarantee uniformity in the nature of the data to be collected and the interpretation of the same.

In order to demonstrate that this proposed survey is no mere chimera, but rather a practical suggestion capable of elucidating important data, let me illustrate how an area or district may be surveyed by what has been accomplished in the North of England by the recently formed North-Eastern Hospitals Association. The primary function of this association is to obtain

information as to the existing provision in the north-east area of organizations for the prevention and treatment of disease; to ascertain how far these organizations fail to carry out their proper work, and to suggest what developments and additions are desirable in order to provide a complete and co-ordinated hospital system.

The provision of adequate hospital accommodation is a matter of vital importance to every class in the community, and it would appear to be the duty of each district in the country to take immediate steps to co-operate with the Minister of Health in collecting for him reliable data and well-considered suggestions.

The area selected for the survey extends from Berwick-on-Tweed to Middlesbrough on the Tees, and includes the counties of Northumberland and Durham and the Cleveland district of the North Riding of Yorkshire—an area extending over four thousand square miles or approximately two million acres, with a population of two and a half million people and an annual rateable value of over ten million sterling. The province is one that is well defined; it is bounded by the Cheviot Hills on the north-west, by the Pennine range on the west and by the Cleveland Hills on the south, and having the seaboard on the east. Between the Pennines and the Cleveland Hills there is, as it were, an open space—the shed of the river Tees—leading south into the Vale of York, and between the north end of the Cheviots and the seaboard is a piece of flat country some 10 miles in breadth—the gateway into Scotland.

The trade of this province is in large measure limited to the two important industries—shipping and shipbuilding, and mining—coal and iron.

The area is covered by a network of railway communications, all, with one slight exception, belonging to the one company, and within the area are the three important rivers, the Tyne, the Wear, and the Tees.

Such a provnce may be described as a trade area—centring round the large towns on the banks of these rivers.

South of Middlesbrough, trade communications tend to cen-

tre round Leeds—the capital of another province; and north of Berwick, trade concentrates towards Edinburgh and Glasgow.

The Hospitals Association in its survey of this north-eastern province has collected the following data, viz:—

(*a*) The surface area of the province, its population and rateable value.
(*b*) The medical men in each locality.
(*c*) The nurses practising midwifery in each locality.
(*d*) The various types of hospitals, dispensaries, and convalescent homes.
(*e*) The birth-rate and infantile mortality-rate in each locality.
(*f*) The population living in one, two, and three-roomed houses.
(*g*) The transport facilities—rail and road.

These data have been worked out in the form of maps which reveal in a rather prominent manner certain striking facts in regard to the existing health conditions of the area—facts which are rather lost sight of when recorded in the annual reports of the medical officers of health of the various localities.

So far as the survey has already gone, let me indicate some of the outstanding features.

Hospitals.—The following figures indicate the extent of the hospital accommodation in the area, viz.:—

	Hospitals.	Available Beds.
A. General and Special Hospitals....	39	1924
B. Infectious Diseases Hospitals—		
(*a*) General infections	46	1923
(*b*) Smallpox	28	730
(*c*) Post sanitary	4	112
Total	78	2765
C. Poor Law Workhouse Infirmaries	28	3857
Grand Total	145	8546

These figures do not include asylums for lunacy patients or sanatoria for tuberculosis cases.

One thousand nine hundred and twenty-four general and special hospital beds for a population of two and a half millions represents a *hospital bed-rate of* 0.76 *per* 1000 *of population.*

Some twenty years ago the generally accepted hospital rate was 1 to 1.5 per 1000 of population, but to-day hospitals attract a much larger *clientèle* than they did in those former days: formerly medical men experienced some difficulty in persuading their patients to go to the local hospital for treatment. In those days the prevalent idea was that the general hospital or infirmary was an institution for the treatment of the "sick and lame poor," and such is the designation still to be found on the charter of some general hospitals.

During the past twenty years a great change has been going on in the attitude of the people towards hospitals. Hospitals now attract the people instead of repelling them; they no longer require to be persuaded to go to the infirmary, but rather they ask their medical attendants to secure them admission into the hospital.

In short, the public now appreciate the value of hospital treatment, realising that the best possible that science can do for them, both in diagnosis and treatment, is to be found in our general hospitals.

The general hospital to-day attracts not only the public, but possesses the confidence of the general medical practitioner, who realises that he can obtain assistance for his clients not only in the general medical and surgical wards of the hospital, but also in all the special departments which are now such a prominent feature of our present-day hospitals. As a result of this great change, then, that has been taking place in the basis of supply of hospital patients, the ratio of hospital beds to population has to be altered, and I put the present-day figure at something like 3 per thousand of population in urban and industrial areas, and for rural and agricultural districts 2 per thousand.

Let me now examine how these 1924 general hospital beds of the area supply the needs of the community.

In the hospitals that I have visited there are approximately

some 3,000 names on "the waiting list." But these waiting lists by no means represent all the cases requiring hospital treatment who would apply if they thought there was any prospect of gaining admission. These lists bear a serious relationship to the question of national economy, by way of unemployment and lessened production. I am well aware that the waiting lists require to be interpreted with some degree of intelligence, and it is not to be implied that all the people whose names are on these hospital lists are unemployed because of their disabilities, but a certain percentage of these people are undoubtedly compulsorily unemployed, and even if many of them continue at their employment, I suggest that in view of the fact that the hospital authorities considered their disabilities to be such as to require hospital treatment, the work these people do must be more or less inefficient, apart altogether from the question of risk and personal suffering. But not only do these waiting lists exercise a direct influence on the national economy, but I suggest that they are also a causal factor in the general social unrest. I have witnessed a miner pleading with the House Governor of an infirmary for the admission of his child for a surgical operation, and the man left the institution discontented, having been told that the patient could not be admitted because of the precedence of more urgent cases for the available beds. This man does not leave his discontent on the doorstep of the hospital, but carries it with him into his "Lodge."

One Medical officer of Health, who is also the School Medical Officer for the district, informs me that while he and his assistants diagnose ailing children in school, and recommend them to the general hospital for treatment, many remain untreated because of the lack of accommodation.

In a well-governed town or city there should be no waiting-list cases; there should be sufficient beds to admit everyone who could justifiably be regarded as in need of hospital treatment. If the voluntary hospitals cannot provide this accommodation then the Ministry of Health must step in and provide it.

What are the nature of the diseases most commonly found on the waiting lists? They are largely chronic surgical cases such as hernia and hemorrhoids—conditions that are accountable for

a considerable amount of suffering and disability—and medical cases.

The fact which the survey reveals, that there are in the aggregate some 3,000 names on the waiting lists of the hospitals in the area, supports the idea of the gross inadequacy of 1924 beds for a population of two and a half million people. In contrast you will observe the hospital provision for infectious diseases—a total of 2,765 beds; and of these exactly the same number of beds (1,923) for the general infectious diseases as there are (1,924) in general and special hospitals treating all manner of non-infectious diseases and accidents. Look now at the provision of hospital beds in the Poor Law Workhouse Infirmaries, of which there are 28 in the area, with no less than 3,857 beds. The majority of these infirmaries, although situate in workhouse grounds, are entirely separate buildings from the workhouse proper; several of them contain as many as 400 hospital beds. The larger-sized infirmaries are excellent buildings, and both in structure and arrangement of wards compare favorably with the general civil hospitals, and if they were provided with a separate entrance apart from that to the workhouse, these institutions could be readily converted into municipal general hospitals, free of the present stigma of Poor Law. I have visited many of these infirmaries, and have been surprised to find that the excellent bed accommodation which they provide *is only something like half occupied.* Realising how seriously inadequate is the general hospital accommodation of the area, with the low bed-rate of 0.76 per thousand of population, let me quote two or three instances from the survey of workhouse infirmaries.

In town "A," with a population of 119,000 (the centre of a Union population of 214,000), the hospital provision amounts to:—

One hospital of 60 beds for infectious diseases.
One " 33 " sick children (generally).
One dispensary entirely for out-patients.
One workhouse infirmary of 400 beds.

Apart from the workhouse there is no general hospital provision for one single adult of the population. Yet in the work-

house infirmary of 400 beds not more than 200 have been occupied during the past six or seven years. The nearest general hospital is three miles distant, so that the people of this town have to walk some six miles (to and from) to a neighboring town for hospital treatment, passing on their way some 200 empty beds. During the year 1918 I find that there were 929 in-patients and 1,273 out-patients—a total of 2,202 patients—journeyed to the adjoining town to attend the general hospital.

In another town, "B," with a population of some 60,000 (the centre of a Union population of 200,000), the following is the hospital provision:—

One general hospital of 50 beds.
One infectious diseases hospital of 56 beds.
One workhouse infirmary of 400 beds.

Here again the workhouse infirmary is an excellent hospital, with the most recent type of operating theatre; approximately not more than 200 of the beds have been occupied during the past six years. The committee of the general hospital have just launched a scheme to collect something like £100,000 to enlarge their hospital from 50 to 100 beds as a War Memorial, and yet, within a stone's-throw of this institution stand 200 empty beds in the workhouse infirmary which could readily be separated from the workhouse proper.

Just one further illustration.

In town "C," with a population of 65,000 (the centre of a Union population of 87,000), the following is the hospital provision:—

One general hospital of 42 beds.
One workhouse infirmary of 360 beds.

At the general hospital the waiting list never falls below 100, and the Medical Officer of Health informed me that there were grave complaints from the medical men of the town of the gross inadequacy of the hospital accommodation.

The workhouse infirmary is an excellent hospital adequately equipped; the average occupation is approximately 60 per cent.

Many of these large workhouses have what are known as

"school buildings" adjoining the infirmary. Since the Poor Law children were boarded out of the workhouses these school buildings have been unoccupied. At this last workhouse that I have quoted, the visiting Medical Officer who accompanied me gave me the assurance, as likewise did the workhouse master, that these empty school buildings could provide ample accommodation for all the infirmary inmates, and thus release the infirmary wards with over 300 beds for use as a general hospital for the whole neighborhood. These three illustrations abstracted from the survey report, revealing as they do the existence of hundreds of hospital beds lying dormant, surely more than justify the plea for a sanitary survey of the whole country.

While the whole region, therefore, appears at first sight, with its 1,924 general hospital beds, to be seriously underhospitaled, yet the survey reveals an abundance of hospital provision, were it but put to its full use and properly co-ordinated.

Many of these workhouse infirmaries have attached to them an excellent maternity department of from 6 to 14 beds, but with an average number of only 16 confinements per annum. I suggest that these beds might be made more use of, for there is in the whole region a serious need for maternity hospital accommodation. One Medical Officer of Health, speaking of his own locality, says: "There is no provision in the town—a centre of 200,000 population—for dealing with difficult confinement cases which, in many instances, necessitate operative treatment, and it is quite impossible that such assistance can be adequately give in the homes of the poor; a lying-in hospital for such cases is urgently needed."

Similar statements have been supplied to me by almost every Medical Officer of Health throughout the area, and not to maternity cases only, but to many of the other specialties, *e.g.*, throat, eye, ear, etc.

For example, throughout the whole province with its two and a half million people there are only some 60 beds reserved for eye cases.

In one hospital report for 1918 the following sentence appears: "A great and increasing number of operations on squints, tonsils, and adenoids, etc., have been done and sent direct to

their homes in cabs, etc., which ought in fairness to the patients to have been admitted for a few days—or at least 48 hours; but we have no beds we can give them, and to leave them as they are means blindness in one eye in the squinting cases, and an arrest of development in addition to increased risk of infection to all diseases, especially scarlet fever, diphtheria, in the adenoid cases." During the year 1918 the volume of work undertaken by the 39 general and special hospitals in the region is indicated by the following figures:—

	Hospital Patients	
Approximately—	30,000 in-patients	=1.2 per cent. of total population.
	180,000 out-patients	=7.2 " " "
Total.....	210,000	=8.4 " " "

These figures, which do not include the numbers of out-patient attendances, when taken in conjunction with the "waiting lists," give some idea of the popular estimate of hospital treatment.

Few things have impressed me more, throughout the survey than the inadequate and disappearing provision in the general hospitals for medical cases.

Medical v. Surgical Cases in Hospital.—The following figures show the ratio of medical to surgical cases treated in some of the hospitals during 1918:—

Available Beds	Total In-patients	Percent. of Medical Cases to the Total	Hospital
466	9391	18·28	A
90	1134	12·6	B
73	1097	29·5	C
43	466	59·5	D
70	1050	6·3	E
78	1276	—	F
42	Two beds reserved	for medical cases.	G
14	195	10	H
236	3124	21	I

I do not pretend in this address to enter upon the full explanation of this exclusion of medical cases, but I would serious-

ly submit for consideration the following observations. In the first place let me ask: Are our hospital beds at present being put to their best use?

In view of what has been said regarding the waiting lists the general cry of the hospitals for increased accommodation would from a surface view appear to be well founded. Hospitals are ever desirous of making increased accommodation for the reception of patients, but I suggest that the time has now arrived when this doctrine should be changed round to a consideration of the means of getting patients out of hospital.

The value of fresh air, or the sanatorium form of treatment, would appear to have been re-discovered in the military hospitals during the war. With their admirably-arranged system of auxiliary hospitals, located in the country districts, the central military hospitals were able to overtake the great pressure of work that fell upon them, and at the same time the military patient had his recovery accelerated by a residence in the country.

When the civil surgeon goes round his wards he recognizes many patients who have had their operative treatment a week or ten days previously, and who are now lying convalescing. I suggest that after say ten to fourteen days such patients might be transferred by motor ambulance to convalescent homes in the country, where the rate of convalescence would be accelerated by from 20 to 30 per cent., as compared with lying in a ward in the centre of some populous city amidst its noisy thoroughfares. The annual cost per occupied bed in such homes is approximately one-third to a half of that in the general hospital. In the Red Cross auxiliary hospitals, the accounts of which have just been published, the average daily number of patients over four years of war (1915-1918) was some 38,000, and these were treated at a cost of 3s. 9d. per patient per day.

In the Annual Report of the Aberdeen Royal Infirmary for 1918 it is stated that in the Convalescent Hospital 281 cases were treated, and of these 251 "improved by residence," at an occupied bed cost of less than half of that in the Royal Infirmary. But what of the other 3,000 odd in-patients? Is

it unlikely that many of these also might have "benefited by residence" if they had been fortunate enough to get the opportunity? Of the 12,000 out-patients attending this hospital last year a fair percentage of them will ultimately qualify, by the progress of their ailments, to become in-patients, whereas by means of convalescent hospital treatment many might have their disease eradicated in the early stages.

Further, by such an arrangement as suggested of early transference from the wards to the auxiliary hospitals in the country, the urgently needed beds in the central hospital might be put to a fuller use, and the "waiting list" overtaken. This scheme should apply to medical as well as surgical cases. One well-known physician recently gave me his opinion that about 80 per cent. of his hospital patients would be better treated in the fresh air of the country. This scheme, of course, in order to keep up continuity of treatment, would imply periodic visitation by the medical officers from the central hospital, as was the case under the military system, and this naturally involved remuneration of the staff—a subject that I will refer to later on.

The most urgent need, therefore, of our general hospitals to-day is not so much the enlargement of the present expensive type of hospital buildings at a time when the resources of the country are severely strained, but rather a great development of the convalescent hospital system.

Now let me look for a further explanation of the exclusion of medical cases from the hospital wards.

Hospital beds, speaking generally, are in the main occupied by patients suffering from the fully developed or "end products" of disease, whereas the earlier phases of disease are to be found in the out-patient department, and yet this department is probably the least satisfactory branch of a general hospital. It is here where our most expert teachers should be located, rather than the junior assistant or, as happens occasionally, the resident house physician, for it is in this department that the medical student meets the various types of disease that he is to spend his future life in treating. I suggest that we are not likely to make the progress in medicine that we

ought to until the value of this out-patient department has been reassessed. When I look through the annual reports of hospitals—the most heart-breaking occupation I know of, owing to the absence of any common scheme for setting forth the facts as to the hospital work—one gets somewhat depressed in reading the records of the out-patient departments; hospitals seem to vie with each other as to who can show the largest number of out-patient attendances. At one hospital these attendances are given as 166,000 during 1918; at another 107,000, and so on! These figures may be intended to attract the subscriber, but as I say, they must have a depressing effect on the mind of anyone who is interested in the progress of medicine, for after all there are only so many working hours in the hospital day, and it only requires a simple calculation to ascertain the number of minutes devoted to each patient.

Surely this is the department of all others in a hospital where research work ought to be carried out.

Let me very briefly refer now to the financial aspect of the hospital question. During the present month there has been appearing in the London *Daily Chronicle* a series of articles setting forth the serious financial position of the general hospitals throughout the country.

It was shown that some hospitals were overdrawn at the bank, others have had to sell securities and realise investments, while others have had actually to reduce the bed accommodation and shut down wards.

Various explanations were forthcoming of this financial crisis, such as (1) the falling off of subscriptions due to increased taxation and local rating, and (2) the increased cost of commodities and of salaries and wages.

These explanations, although important, I regard as only part of the truth, for the financial strain to many hospitals did not originate with the war. As I have already indicated, there has been for a number of years a steady change going on in the class of patients applying for hospital treatment. Originally restricted to the lower stratum of society—"the sick and lame poor"—the hospital subscription list was usually adequate to meet the annual expenditure, but now many hospitals

draw their patients from a much broader basis of the community, without having secured a proportionate increase in the number of subscribers; and further, apart altogether from the increased cost of everything in consequence of the war, the elaboration into departments of the whole system of medical treatment and operative surgery has been increasing the expenditure beyond the possibility of its being met by voluntary agencies.

The hospitals in London are more favorably placed than are similar institutions in the provinces, in that they have behind them a wealthy fund—the King Edward's Hospital Fund. This fund supplies grants to the hospitals on something like the following basis, viz.:—

1. The needs of the hospital and an estimate of the work done for the community.
2. The hospital has to adopt what is known as the uniform or standardized system of accounts.
3. An annual inspection by representatives of the fund.

These are not irksome conditions, and I trust the day is not far distant when the same fund or some similar Government subsidy will extend its operations to the provincial hospitals coupled with some coordinated system of central control. In our survey it has been ascertained that the 39 general hospitals had an income during 1918 of approximately a quarter of a million and an expenditure of some £200,000. During the war years the majority of civil hospitals, like the auxiliary Red Cross institutions, were in receipt of a Government subsidy supplied by the War Office for the treatment of military patients. These beds, formerly occupied by the paying military patients, are now occupied by non-paying people, and thus with the withdrawal of the subsidy the hospitals are finding their finances in a rather unsatisfactory condition.

In the hospitals surveyed, with the quarter million income for 1918 there were something like £36,000 received for the treatment of military patients, so last year cannot be regarded as normal; so far as the present year (1919) has gone, some of these hospitals which during the war were able to meet

expenditure are now building up an adverse balance. Of the quarter million income, some 48 per cent. was subscribed by workmen employees and a further 19 per cent. was paid either by or for patients, *e.g.*, military patients, pensioners, County Council payment for surgical tuberculosis, etc.

Very few of the hospitals reserve accommodation for *paying patients*. This is an aspect of the subject calling for very serious consideration.

To-day the extremes in the social scale are well catered for as regards hospital provision, but between the private hospital at five guineas per week and the free general hospital there is practically no provision made for the great majority in each community of the so-called "middle class"—those who cannot afford the expense of the private hospital and yet who neither require nor desire to be pauperized by accepting the public charity. These people are ready and willing to pay, one, two or even three guineas per week for a bed in the general hospital: there would, naturally, be no difference in the treatment supplied, but if a patient desired some extra accommodation or luxury and willing to pay for it, one has a little difficulty in understanding why such hospital provision should not be supplied.

Payment of Hospital Staff.—The day would appear to be approaching when hospital managers will have to consider the question of paying a retaining fee to the medical men on the staff. No longer can the voluntary purist hold the field in the face of the principle now accepted of State payment for pensioners, including the payment of medical officers; the State payment for venereal disease and tuberculosis. Surely it is not illogical reasoning to argue from the payment of a staff for treating venereal disease to the payment of a staff for dealing with, say, fractures, hernia, etc. What is known as "team" work, although generally accepted in principle, has been very little adopted in the hospitals in this country. Each surgeon and physician on the staff ought to have a number of medical practitioners associated with him in his hospital duties. The staffing of the war hospitals throughout the country by the

general practitioners, working in association with the various "chiefs," proved of inestimable value as a post-graduate course to the medical men employed; the freshened clinical instinct derived in the hospital was carried by these men in their general practice into the homes of the civil population.

Many other reasons might be given in support of the proposal for the payment of the medical staff, such as the fact that some hospitals, in their embarrassed financial position, gladly accept subscriptions from wealthy corporations, and under the guise of these subscriptions employees are sent for treatment to the hospital, and in this way the medical men giving their services voluntarily may be exploited.

Recently a wealthy corporation in London addressed to several provincial hospitals a request for a reserve on a few of the hospital beds for the treatment of their employees when necessary, and asking the hospital what amount of subscription would be accepted; surely this is altogether a wrong principle. Again, in the course of my survey, I was informed of a shipping firm, owning several vessels, who obtained all necessary medical treatment for the crews of the vessels, including the captains, at the local hospital under cover of an annual subscription of a few guineas.

There are many other aspects of this survey full of interest and importance to hospital managers, the medical profession and the community at large, but I will only mention one other item in connection with the financial question.

One has long been under the impression that, next to the patients, those whom hospitals confer considerable benefits upon were the general insurance companies—accident offices in a direct manner and life offices indirectly. Just as in the case of fire, only more so in the case of life and limb, hospitals may be the means of greatly curtailing the amount of insurance compensation. Holding these opinions, I was rather surprised to find in our survey that of the annual income of the hospitals, amounting to a quarter million, the sum subscribed by these wealthy insurance bodies was less than £300 in one of the most prosperous years that accident insurance companies have experienced, namely 1918.

Allow me in conclusion to summarize some of the suggestions I would leave with you as to the hospital problems calling for early consideration, namely:—

1. The co-ordination of all hospital beds within a defined area; such an area as is served by the main central hospital; these beds would be under the supervision and management of a hospitals council whose office would act as a "clearing house" in all matters—financial and administrative—pertaining to hospitals.
2. A greatly increased provision of convalescent hospital accommodation.
3. The consideration of establishing "paying beds" or hospital provision for paying patients.
4. An investigation into the whole basis of hospital finance.
5. Establishment of "team" work in hospitals with payment of the medical staff.
6. A new appreciation of the out-patient department, both from the point of view of the patient and the medical student.
7. The establishment of a Hospitals Association for the purpose of instituting a hospital survey of the region or area; with sub-committees to investigate such aspects as—hospital accommodation and construction; hospital finance; staffing hospitals; nursing in hospitals; medical education and research; co-ordination of present organizations; co-operative buying, etc., etc.—*The Edinburgh Medical Journal.*

TREATMENT OF CEREBRAL PALSY

Jacob Grossman, in the *Medical Record,* says there is no prophylactic treatment of cerebral palsy. Cases that respond to iodides and mercury are to be suspected; they are probably brain syphilis and not cerebral palsy. The symptomatic treatment consists of massage, relaxation, electricity, exercises and operation.

Hemiplegia.—The results of treatment depend upon the degree of mentality in the patient. From the orthopedic standpoint we attempt to stimulate the nutrition of the part, to prevent deformities and to improve the function of the affected parts.

Where the patients are seen before the secondary contractions have appeared, deformity may be influenced in great degree by massage and passive movements in the directions opposed to the habitual positions. Electricity may prove of some value. Massage and passive movements are of more value than electricity. The electric treatment must be adapted to the peculiarities of the individual case. If the palsies are the most prominent symptoms, the faradic current is employed. The treatment must be strictly limited to the weak muscles, to the exclusion of the antagonistic muscles which are usually hypertonic. If the spasms or posthemiplegic disturbances are more prominent, sedative treatment with the anode is indicated; the anode being lightly passed over the muscles or applied to the extremity. The cathode rests on the back or upper portion of the extremity. With the massage, movements, and electricity we can improve the control of the affected limb.

In children who are old enough, and in whom the mentality is good, relaxation, as advocated by Maloney and practised by M. Grossman in spastic conditions in the adult, offers another method, the employment of which may assist us in obtaining relief of the spasticity. For the details of this method reference should be made to the recent publications of my brother, M. Grossman.

Many of our cases come to us late in childhood, when the deformities have become fixed. The foot is usually turned inward and downward; the knee is flexed and the hip is flexed and adducted. The older the deformity the greater is the resistance of the contraction. In these cases, stretching and cutting the more resistant tissues—i.e., the tendo Achillis, the plantar fascia and the hamstring and the adductors of the hip usually assist us in improving function. The division of these resistant tissues and tendons should be followed by encasement of the limb in plaster of paris bandages. After removal of the

bandages a suitable brace is of service in guiding the limb. Massage, forcible passive movements, and proper exercise should be employed.

Where the arm is only slightly affected, exercises should be persisted in. In extreme cases, where the fingers are clasped over one another, treatment is of little avail. In some cases, tendon transplantation may be of assistance. Athetoid movements of the hand and arm may be relieved by prolonged fixation in plaster bandages.

Paraplegia: On account of the more marked disability and mental impairment in these cases, treatment is very much more difficult and less satisfactory. In general, in infancy, we must rely upon manipulation and massage. Multiple tenotomies with prolonged fixation may offer some relief.

It has been shown that in spastic patients the long-continued posture alone will produce permanent contractions in that muscle which is shortened by that position. It is to remove these permanent contractions that the sensitive part of the reflex arc has been resected. Excellent results are claimed for this operative procedure. It is of especial benefit in spastic conditions of the lower extremities. For the upper extremities neuroplasties have been recommended. For the hand deformities which resist all other forms of treatment, plastic operations on the median and radial nerves have been of some value.

Another operation which has benefited some cases is one in which a lateral section of the spine between the spinous and articular processes is removed, the dura opened, and the posterior roots of the lumbar and first sacral nerves are divided on the dorsal side of the ganglion.

William Sharpe, in his work on cerebral spastic paralysis, says that he has performed decompression in selected cases with gratifying results. He emphasizes that this operation should be performed only in cases showing intracranial pressure by ophthalmoscopic examination. It is of especial value in those cases of spastic paralysis with a history of difficult labor, with or without instruments, in which, on ophthalmoscopic examination, the definite signs of increased intracranial pressure are to be seen in the fundus of the eye. The operation he performs

is a large subtemporal decompression to relieve the intercranial pressure. The usual pathological findings are definite subcortical fibrous or cystic formations resulting from a cortical hemorrhage occurring at birth. The aftertreatment, which consists of correction of the deformities by tendon lengthenings, or merely stretchings of the contracted muscles, or the maintenance of corrected positions through the employment of braces, massage, and faradism, should be employed in conjunction with the operation. A careful systematic course in muscle training should be carried on daily.—*The Medical Standard.*

A NEW IDEA IN SANATORIA TREATMENT

In the worldwide warfare against tuberculosis, the question has repeatedly arisen as to whether sanatoria should be maintained chiefly for incipient and curable cases or principally for the isolation of advanced and open cases. While opinion has changed from time to time, the present feeling is that each general community should have institutional facilities for both early and advanced cases.

Ten years ago, virtually all of the sanatoria were designed for incipient or early patients. The few institutions for advanced patients then existing being founded primarily for the purpose of housing and isolating patients in order to prevent the spread of the disease, such sanatoria, or hospitals, for the most part had the hopeless atmosphere of the asylum for the incurables.

During the past few years, less stress has been placed upon the contagiousness of tuberculosis and, in consequence, hospitals for advanced consumptives have assumed a much more humane and cheerful aspect.

The chief objection to institutions designed to house both early and advanced patients, particularly if these institutions are small enough to be satisfactorily conducted is, that the intermingling of the two classes is more or less depressing and undesirable.

Dr. George Thomas Palmer, who has served for many years as president of the Illinois Tuberculosis Association, and who,

for a number of years past, has operated a private sanatorium, the Springfield Open Air Colony at Springfield, Illinois, has frequently stated in his public utterances and writings that the combined institution for early and advanced patients is justifiable only on account of economy and overhead expense. In developing his Institution, Doctor Palmer has followed rather the unique plan of maintaining a hospital for active cases and a sanatorium for early cases, both institutions being under the same management and medical and nursing supervision, although located on entirely different grounds. In the development of this plan, Doctor Palmer has recently opened a modern tuberculosis hospital of thirty-three beds, located within ten blocks of the State Capitol in the heart of the city of Springfield. The Open-Air Colony for earlier cases is charmingly situated in the outskirts of Springfield, in the Washington Park district.

The new hospital, which is known as the Homestead, and which prides itself upon the fact that its atmosphere and furnishings bear little resemblance to those ordinarily found in medical institutions, is used as a receiving place for all patients who are retained in the hospital for thorough examination and observation, and until the subsidence of active evidences of disease. On nearing convalescence, the patients are removed from the Homestead to enjoy the country life at the Open-Air Colony.

The Homestead has been in operation only a few months, but the plan has proven so satisfactory that it is winning the commendation and approval of the most experienced sanatorium managers, and it is not unlikely that the idea will be adopted in the future in those institutions where efficiency of operation is placed above the question of overhead cost. Even on this point, Doctor Palmer declares that careful management may eliminate the factor of high expense, since he has found it possible to operate the twin institutions with the maximum of service at rates lower than are offered by most of the mid-western institutions of the old dual type.

As another innovation in institutional management, Doctor Palmer is voluntarily imposing upon his own institution the

standards of sanatorium operation recently adopted by the National Sanatorium Association. These standards bring out strikingly the importance of tuberculosis as a medical specialty, of a hundred points, on which sanatoria are graded. Location and site are accorded three points, plant and equipment five points, administration eighteen points and medical and nursing service seventy-four points. In the application of these standards, the Illinois Tuberculosis Association is urging that tuberculosis medical work must be regarded as a medical specialty as definite and distinct from general practice as operative surgery, and, consequently, almost seventy-five per cent. of the credits for institutional management are based on the specialized character of the medical and nursing work.—*The American Journal of Clinical Medicine.*

THE SITUATION OF THE BRITISH HOSPITALS

There is scarcely a hospital in Great Britain which is not more or less financially embarrassed, and many of them are pleading for funds in order to be able to "carry on." The condition of St. Bartholomew's Hospital, London, the most richly endowed institution of its kind in Great Britain, was referred to in a previous letter. An appeal is now being made for another important London hospital, the Middlesex, one which is probably as well known to visiting American medical men as any, chiefly because it is where Sir John Bland Sutton operates. The first social function which the Prince of Wales fulfilled on his return from America was to preside at the Festival Dinner for the Middlesex Hospital, which was held on December 9. The Prince made the engagement some time ago, desiring that his first appeal for the great cause of the hospitals should be for the Middlesex. Family feeling largely inspires this interest, for, while King Edward's Fund and the League of Mercy are witnesses to the personal care respectively of King Edward and King George for the voluntary hospitals, the Middlesex is that most intimately connected with Queen Mary. The brother of the Queen, the Earl of Athlone, formerly known as

Prince Alexander of Teck, always took upon himself the task of looking after the welfare of the Middlesex Hospital as his special concern. The object of the dinner is to raise as much money as possible toward decreasing the debt of £200,000 which has been incurred in urgently needed restoration and enlargement. Of course, it is obvious that institutions mainly dependent on public and private charity for their support must, under the existing circumstances, be in a somewhat parlous way. During the war they were full to overflowing, expenses were more than doubled and the income was correspondingly decreased. As a matter of fact, it becomes more and more abundantly evident that some other system must be substituted for the voluntary system. Great Britain may well be proud of the history and traditions of her magnificent charitable hospitals, but times have changed, an era of general reconstruction is at hand, and the hospitals will share in the reconstruction.—*Medical Record.*

MENTAL DEFECT PREVENTION

Dr. H. G. Matzinger, of Buffalo, enumerates in the New York *Medical Journal* a few preventable causes of mental defect.

As preventive measures, training and education, except in hopeless cases. Early recognition of the need of special training for the backward, slow and borderline subnormals; special care of the pregnant woman. Chronic disease of the pregnant mother may injure the fetus; also accidents at birth, causing hemorrhage of the brain. No matter how small the hemorrhage, some mental defect will follow. Serious infantile disease and inability of the mother to nurse produce malnutrition and defect. Abnormalities affecting the endocrine organs, causing imbalance is another cause. Alcohol-consuming parents—happening oftener in the family of the steady moderate toper than the occasional boozer—will produce children mentally defective.

Items

INVESTIGATION OF TORONTO SCHOOLS REVEALS LARGE NUMBERS OF DEFECTIVES

A SHOCKING state of affairs in the Public Schools has just been revealed by the report submitted to the Board of Education of the City of Toronto, by Dr. C. K. Clarke, Medical Director of the Canadian National Committee of Mental Hygiene, and E. J. Pratt, who have just completed an inspection of eleven Public Schools in the city, in an effort to ascertain the percentage of mental defectives attending. Altogether there were found in the schools visited 325 pupils less than 80 per cent. intelligent, and of 122 defectives below 70 per cent., 100 showed one or more of the signs of degeneration. Of the two schools where special attention is being given to the mentally defective children the report states that the ideal has not been attained.

The report contains the following recommendations, and it is expected that prompt action will be taken on them.

(1) The establishment of a central observation class where children may be studied for a week or more by specially qualified assistants in conjunction with the school psychiatrist.

(2) The Department of Public Health should see that its qualified psychiatric nurses assist in selecting the majority of the pupils to be studied in the observation class. They could also make the necessary home investigations, secure co-operation of parents, and make other preliminary tests.

(3) The development of a series of special classes, containing not more than 15 pupils each, where the mental defects of each could be investigated.

(4) The appointment of a directress of special classes. She must of necessity be well trained in industrial class work, of attractive personality, diplomatic and a good organizer and enthusiast.

(5) Low grade defectives should be segregated in two or more special classes, centrally located.

(6) Special classes for backward pupils who were retarded through illness, unfortunate environment, or untoward circumstances, should be instituted.

NEW YORK'S CANADIANS TO BUILD BIG HOSPITAL

Members of the Canadian Club of New York are making preliminary arrangements to organize effectively for the purpose of the raising of $1,000,000, or as much more as may be needed, with which to build and equip a Canadian hospital in this city. The project was suggested at a recent club dinner by a member, who pointed out the need for such an institution and called attention to the fact that there are a large number of American citizens of Canadian birth who will welcome an opportunity to show their appreciation of their citizenship in the United States.

Already subscriptions are beginning to come in—one of a very substantial sum from a gentleman who has pledged it in memory of his mother, who was a Canadian. Committees will be appointed and the work of raising the needed funds put upon a systematic basis.

CORRECTION

Dr. David A. Stewart, Medical Superintendent of the Manitoba Sanitarium, has written us to say that our reference to Sanatorium Training in our March number is somewhat mis-stated. He says: The twenty or twenty-five men are in residence *each year*, and since 1913 a total of about 130 have been in residence. This is, as you can see, considerably beyond what has been done in any other Sanatorium—in fact, I know of none in which senior students and young graduates are received in residence in the same way. I intend to round up this material shortly in more detailed form and will send you a note of it. In the meantime what I would like to impress is that we receive twenty or twenty-five men *each year*, also that we spell "Sanatorium."

A private bill, it is understood, will be introduced at the forthcoming session of the Legislature by Lord Shaughnessy, Honourable C. J. Doherty and Dr. Francis Devlin for the incorporation of a new hospital in or near Montreal under the name of St. Mary's Memorial Hospital.

Book Reviews

Food for the Sick and the Well. How to select it and how to cook it. By Margaret J. Thompson, R.N. Yonkers-on-Hudson, N.Y. World Book Co., 1920. Price $1.00.

This 80-page volume can be carried in the pocket and may be easily perused on street cars. It contains, among many others, recipes for stewed dried apricots and smothered chicken; its foreword consists of a tetrametric iambic, 16-line poem by Minnie Wilbur, and is dedicated to Gertrude Grosvenor. It was "finished on the anvil of experience." Inasmuch, therefore, as it has already been much scorched and hard pounded, it would ill become any reviewer to scorch or pound it any more. The recipes for chopped pineapple, spinach and never-fail cake, and for filling a hot-water bottle, are alone nearly worth the price of the book.

A Text-Book of Chemistry and Clinical Uranalysis for Nurses. By Harold L. Amoss. Second edition. Lea and Febiger, 1919. Philadelphia and New York.

The book may be roughly divided into inorganic and organic sections, the inorganic including an introduction to the theory of chemistry along with a descriptive outline of the commoner elements; the chapters dealing with organic chemistry, besides giving an introduction to the subject, include a not inconsiderable amount of physiological chemistry; and the final chapter gives the details of the more common determinations required in the analysis of urine.

Throughout the book, particularly in those parts which come under theoretical chemistry, there is subject matter which might be revised. "Molecular weight" is the sum of the weights of the atoms comprising the molecule. This is hardly correct if molecular is taken as synonymous with molar, which is usually

done and which the author does, judging from the context; besides, the definition is weak from a pedagogic standpoint, as it is apt to give a false security of knowledge which has no foundation in experiment. "Substances in solution are ionized or slightly dissociated," is a general statement which can hardly be accepted. In the chapter on acids and bases we find; "A normal solution of an acid is a solution of such an amount of acid as would represent one gram of ionized H perliter." This is apt to confuse in the minds of the student "normality" and "concentration of hydrogen ions."

The book is very readable, and one's attention is being constantly drawn to the relation of the subject to everyday life. We think the book might be read with profit by any one who would have a general survey of certain parts of chemistry within a comparatively small volume.

The Principles of Nursing. By Charlotte A. Brown, R.N., Superintendent of Nurses, New England Hospital for Women and Children. Illustrated. Lea & Febiger, Philadelphia and New York. 1919.

Miss Brown has done a good service for nurses in training by giving them these practical notes of hers; the junk found in some of the more pretentious texts is eliminated. The great army of practical nurses, experienced nurses, V.A.D.'s, mothers even will find this book a profitable investment. The clinical features are emphasized throughout.

My Rest Cure. By George Robey; illustrated by John Hassall. Published by the Oxford University Press, 25-27 Richmond St. West, Toronto.

Medicos, nurses, nervous folks and readers generally, will guess by the title and the author that this is no dry clinical or scientific volume. On the contrary, it is a ridiculous skit from end to end—a "scream" in popular parlance. The broken-down actor collapses and takes a holiday. He meets

with varied adventures at Little Slocum, which incite the risibilities. He grows worse and worse and finally escapes. The humor is decidedly English.

Catalogue of Spencer Microscopes, Microtomes and Accessories. 1920. Spencer Lens Company, Buffalo, N.Y., U.S.A.

A live medical man can get many good hints from the catalogue of a drug or instrument firm. It is wise to secure such catalogues and keep them get-at-able. This injunction applies particularly to the above catalogue. Send for it; and pick out one of those beautiful and powerful up-to-date binocular microscopes for daily use.

Everyday Mouth Hygiene. By Joseph Head, M.D., D.D.S., Dentist to the Jefferson Hospital, Philadelphia. Illustrated. Philadelphia and London: The W. B. Saunders Company. Canadian agents: The J. F. Hartz Co., Limited, Toronto. Price, $1.00 net. 1920.

Dr. Head declares that cleanliness of the teeth and gums will absolutely prevent decay, and may sometimes cure it. He lays great stress on removing the mass of infection between the teeth. Photos and illustrations show how to use tooth brushes and silk floss.

Politics and the C.A.M.C. A history of intrigue, containing many facts omitted from the official records, showing how efforts at rehabilitation were baulked. By Herbert A. Bruce, M.D., F.R.C.S. (Eng.), Colonel British Army Medical Service and C.A.M.C.; Associate Professor Clinical Surgery, University of Toronto; Surgeon to the Toronto General Hospital. With an introduction by Hector Charlesworth. William Briggs, Toronto. 1919.

Many of the main features of this story were given to the public through the press—the appointment by Gen. Sam Hughes

of Colonel Bruce, as Inspector-General; of his thorough-going report of mal-administration of the C.A.M.C.; of the appointment of a commission to investigate his charges; of the white-wash of the officials and the condemnation of the Bruce report; and the slamming of Col. Bruce by prominent medical and lay journals. But they heard little of Dr. Bruce's come-back. Most of his recommendations were finally adopted. Fired from the C.A.M.C., he was taken up by the B.A.M.C., and made good. His reply to the Government on the Baptie Report was suppressed, though called for on more than one occasion. In Dr. Bruce's book we read this suppressed report and an account by him of the whole miserable business.

The volume has a fine introduction by the well-known writer, Mr. Hector Charlesworth.

Applied Bacteriology for Nurses. By Charles F. Bolduan, M.D., and Marie Grund, M.D. Third edition, thoroughly revised. Philadelphia and London. The W. B. Saunders Company, 1919. Canadian Agents, The J. F. Hartz Co., Limited, Toronto.

This handbook of 193 pages contains in readable form the essentials of bacteriology for a trained nurse. It describes the life histories of the more common disease-causing bacteria and protozoa with the common bacteriological methods of studying them. Immunity, quarantine and disinfection are also discussed from a practical nursing standpoint. It supplies a useful book for the library of the nurse in practice or the nurse who is studying for examinations.

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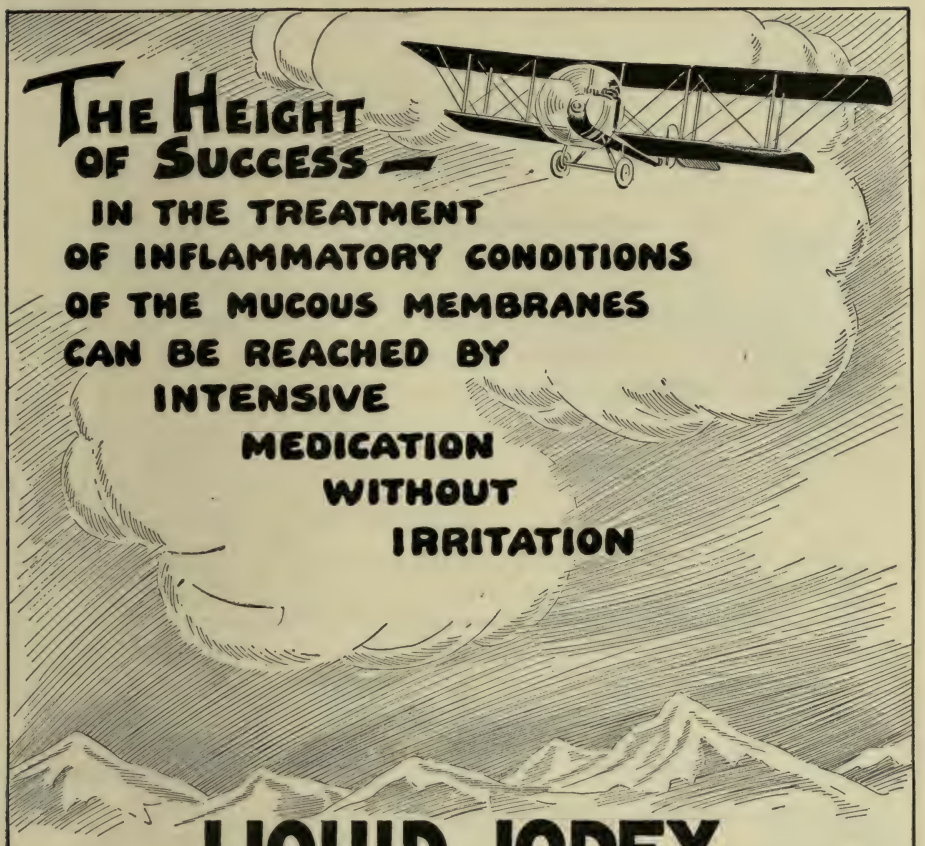
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tions for making solution; it cannot be too strong. Mix all three ingredients together in a basin and go over all the parts where the pests of the cimex lectuarius tribe are homesteading, with a thick broom dipped in the solution. Do not let the preparation get within reach of small children.

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The Feeble-Minded

Fernald, in the July *Canadian Journal of Mental Hygiene,* recommends that a census be made of the feeble-minded of the whole state—to be secured from physicians, clinics, court and jail officials, social workers, teachers, town officials, etc. Only those whose mental defect has been scientifically diagnosed should be registered, and such register should be accessible only to properly accredited persons. These unfortunates should be under the supervision of a state commission, whose responsible officer has a special knowledge of mental deficiency. There should be a local representative in each community. Each official visitor would advise parents and the community of the hereditary nature and peculiar dangers of feeble-minded ones. If proper home care is not given the affected child must be placed in an institution. Legal provision should be made for the commitment of uncared-for defectives. The matter of examination could be easily made in the public schools—as only some two or three per cent. of the school population come under this category. In rural communities a travelling mental clinic would do the work. In urban centres of five to ten thousand the ten or more defectives should be formed into special classes, under specially trained teachers. All children of this class ought to be taught obedience and industry, and be protected against evil influences. Such individuals must not be allowed to perpetuate their stock.

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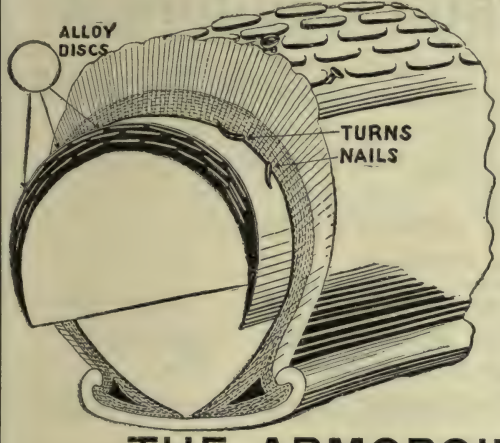
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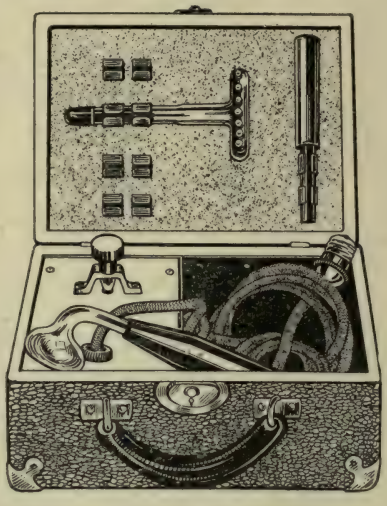
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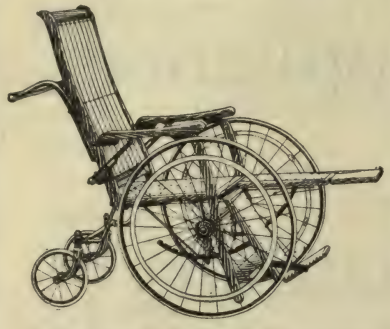
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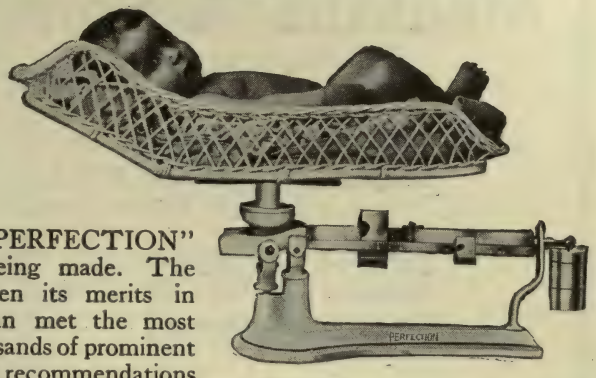


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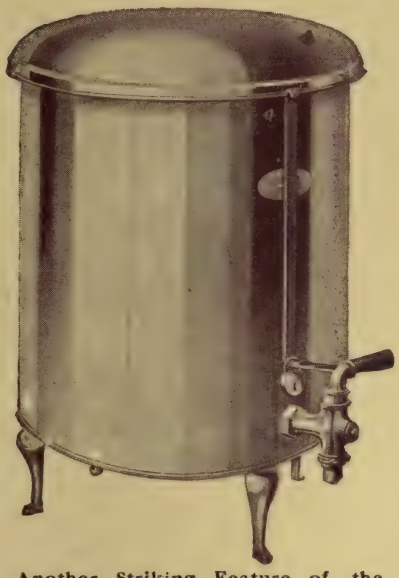
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THE HOSPITAL WORLD

Vol. XVII Toronto, June, 1920 No. 6

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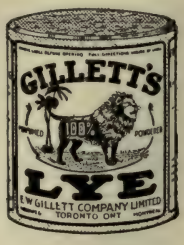


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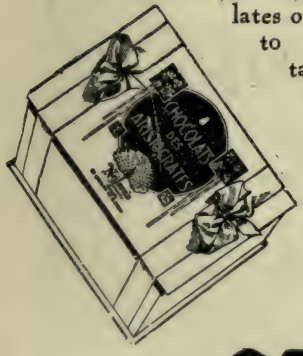
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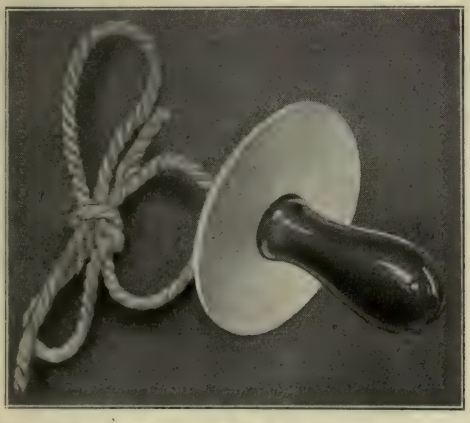
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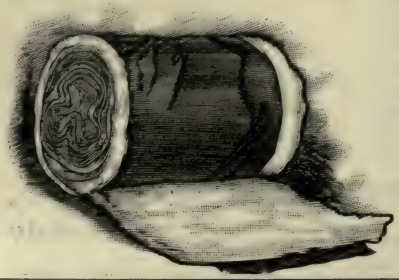
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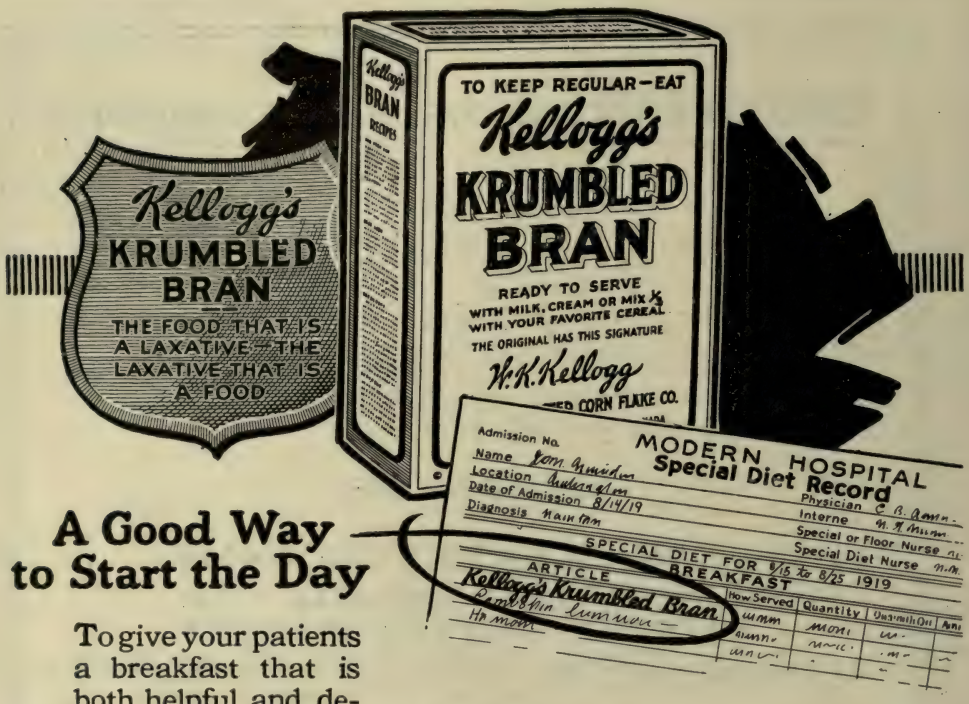
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"I advised complete rest of arm and applied

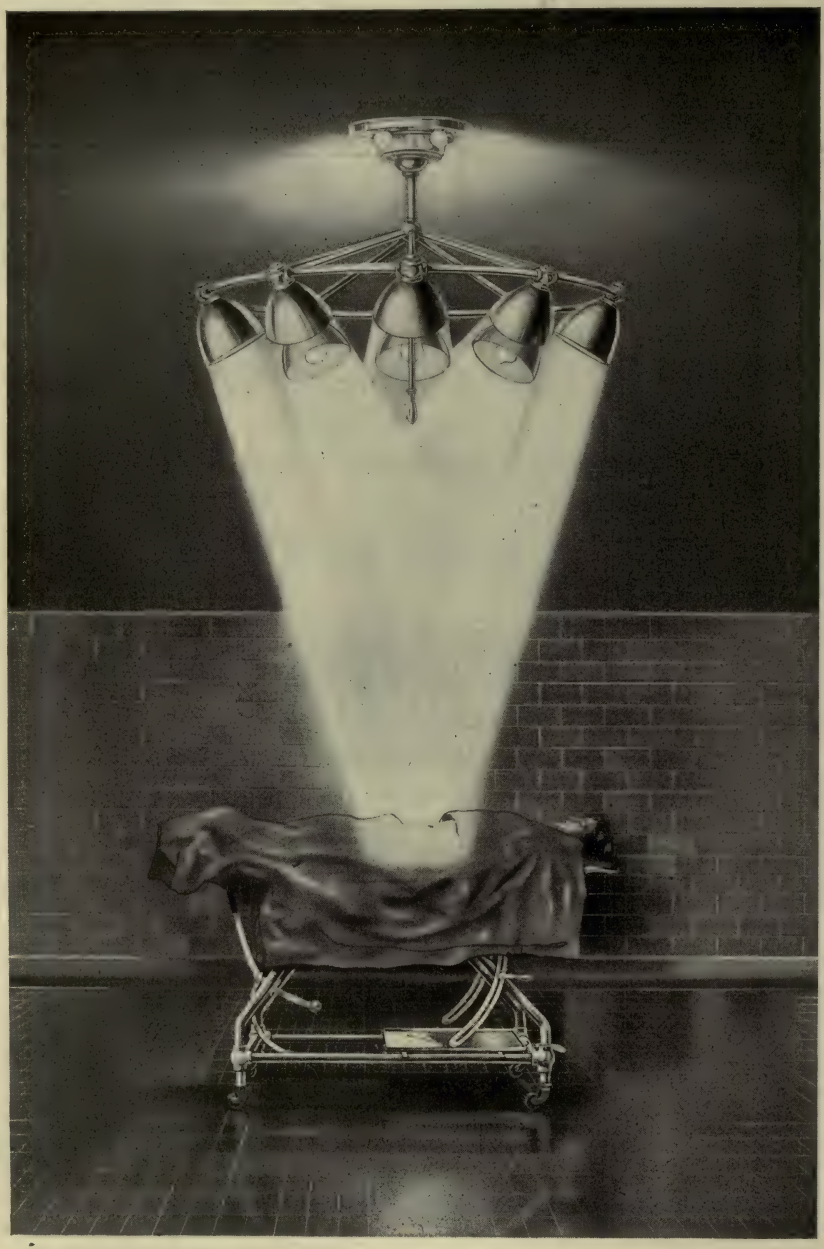
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liberally, covering with cotton as usual."

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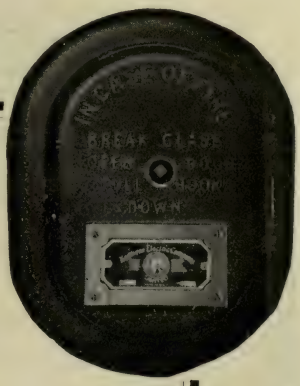
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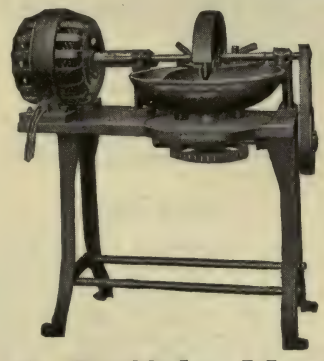
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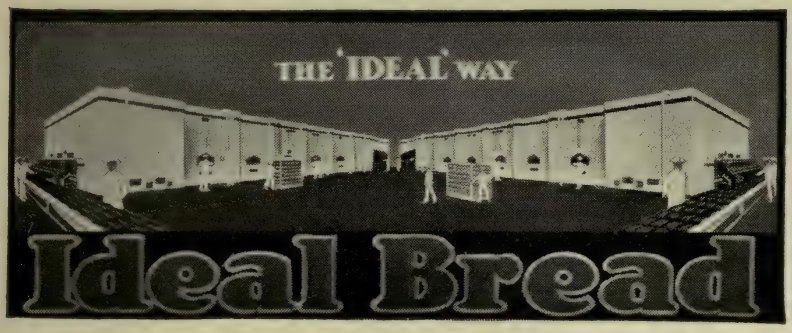
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The Hospital World

TORONTO, CANADA

A Journal published in the interests of Hospitals, Sanatoria, Asylums and Public Charitable Institutions throughout the British Empire

Vol. XVII. TORONTO, JUNE, 1920 No. 6

Editorials

INCREASED COSTS

IN another part of this issue is a selection from the Report of the Bureau of Municipal Research bearing on the soaring costs of labor and supplies in hospitals of Toronto, and intimating that unless increased appropriations from the city and Government are forthcoming, public wards may close. The article proceeds to compare wages paid to employees now with those paid in 1917. From an inspection of the deadly parallels no one will dare to say that any of the employees are getting too much. While this comparison of wages paid now with the wages paid in 1917 to the poor and hard-working employees of the hospitals was interesting and informative, the article would have been one hundredfold more interesting and practical had it contained the incomes of some of the philanthropic trustees of these institutions in 1917 and 1920.

That would give one indication of where some of the money required ought to come from—and we are glad to say is coming from—to meet the deficits of our hospitals.

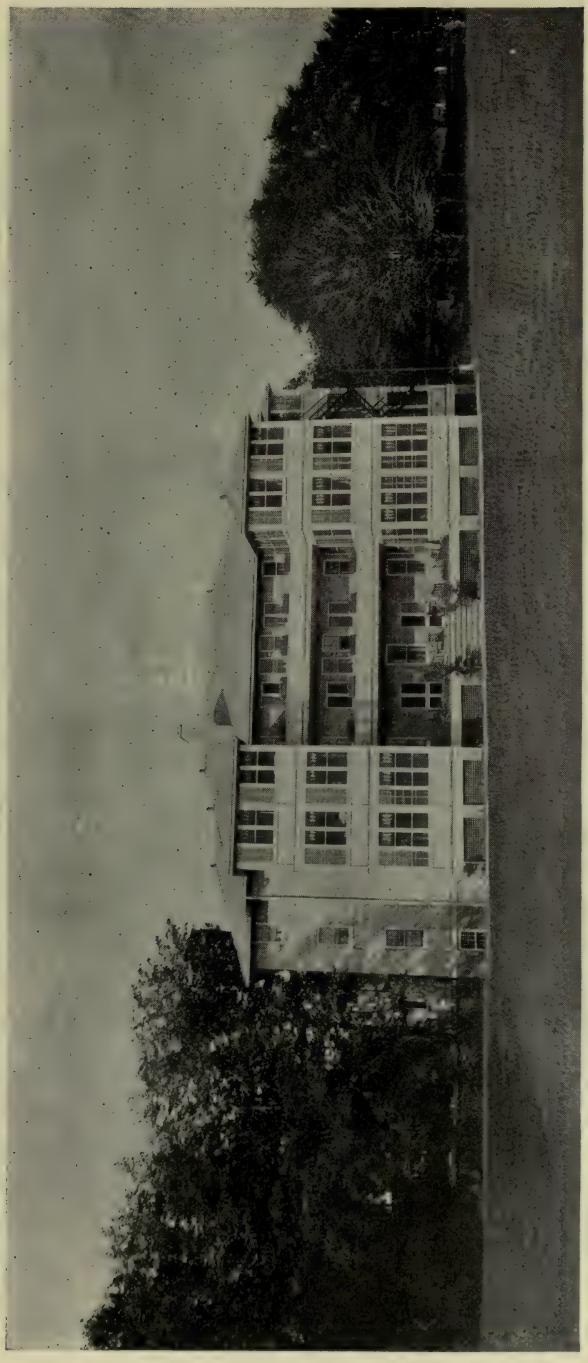
Another increased source of revenue might be secured by an increase in private ward accommodation.

There is no doubt that the city and province should increase their grants to hospitals. Why should the hospitals look after the city's poor at less than cost? It is an exasperating condition of affairs to be running these fine semi-charitable institutions continually at a loss, depending on a comparative few of the people for the large share of contributions required to make up deficits in maintenance and provide a large part of the capital assets.

But progress is being made; and we must look forward hopefully to the golden day when all the people will contribute by tax for the support of these worthy institutions; and the great burden of support will be lifted from the handful of wealthy folk " who know not how to dispose of their riches."

THE HOSPITALS AND DEMOBILIZATION

IN time of war members of the staffs of hospitals and other public charities of the Province of Ontario were among the first to enlist in the Canadian Expeditionary Force. A large number of the nurses joined the Canadian Army Nursing Service.



Calydor Sanatorium, Gravenhurst, Ontario

The physicians and surgeons on the visiting staff of the hospitals were ready to serve in the Canadian Army Medical Corps. And, indeed, many, if not all, of the higher ranks in that service, will be found among the hospital staffs in the different hospitals in the province. This was the case not only in the General Hospitals, but in the Ontario Hospitals for Mental Diseases, and in some of the private hospitals as well.

Furthermore, the medical students at Queen's, the Western University and the University of Toronto were foremost in recruiting. Many who had not finished their course went to help, sometimes as Red Cross men and sometimes in other capacities. Students in the senior years were, of course, available for some appointments in the Canadian Army Medical Corps and as surgeon probationers in the British Navy and in other posts in the Imperial Army. Some of them have returned to complete their course, some completed their course in Great Britain or took part of their medical work there, and all of them learned on active service many lessons in medical and surgical work and practice, and sometimes in psychiatric work lessons which it would have taken them many years to learn in civil practice.

The great impetus which the war gave to discovery and progress in medical science is evident this year in the hospitals of Ontario. The number of returned men who are either giving or receiving

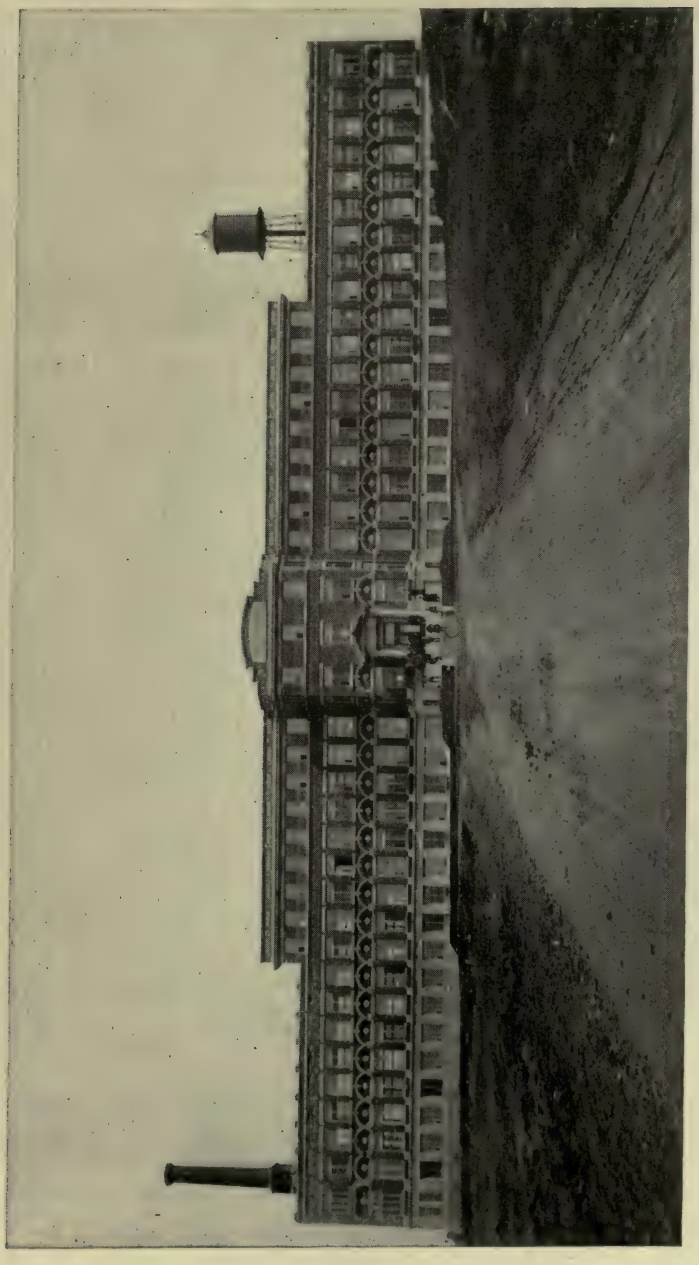
instruction in the hospital wards is very noticeable. The fine physique and robust health of almost all these men, and their general air of awareness and alertness would impress anybody. They appear to take a keen interest in their work, whatever it is, and it is evident that the whole hospital service will profit by the return of these medical practitioners and students whose temporary absence on active service was so much felt in the hospitals in Ontario during the years of the war.

It is, perhaps, not amiss that THE HOSPITAL WORLD should take occasion to welcome back these members of the profession and to remind hospital authorities generally of the great opportunity afforded by their return. Every facility should be given them for carrying on the highest type of work in practice and in research. Our hospital staffs must not miss the equipment at home which they used overseas in military work. They must be able to organize their work at least as well as it was organized in the field and near the front. The frequent meetings and consultations which were afforded to officers in the same unit and in different units overseas must be provided for in the reorganization of hospital work at home. The opportunity is fleeting, and opportunities do not return as a rule. Nineteen-twenty brings to hospitals a great many keen, alert, well-trained, young, enthusiastic physicians and surgeons and specialists with remarkably good experience. We must make

room for them and give them fitting scope for their talents. And the hospital authorities are the ones who can, and doubtless will, do it.

COURSE IN PUBLIC HEALTH NURSING AT DALHOUSIE UNIVERSITY

THE authorities of Dalhousie University, Halifax, have decided upon the establishment of a course in public health nursing, under the general control of the Faculty of Medicine. The curriculum which has been laid down is very complete, requiring approximately two hundred and seventy periods in didactic instruction and an average of more than three hours daily in practical and field work, and extending over six months. Only graduates of schools of nursing approved by the University are accepted for the course, and applicants must also satisfy certain standards in respect to matriculation, which correspond very closely with Grade XI Certificates of the Nova Scotia schools. Much of the didactic instruction has been assigned to the staff of the Faculty of Medicine, but a number of others, notably officials of the provincial and city departments of health, Massachusetts-Halifax Health Commission, School Inspection Service, Victorian Order of Nurses, Welfare Bureau and kindred organizations are to be utilized in the teaching. The Nova Scotia Provincial branch of the Red Cross Society has heralded its acceptance of the recommendations of the Cannes



Laval Hospital, St. Foye, Quebec

Convention by offering twenty substantial scholarships to candidates for this course. It had been intended to begin classes on the 23rd of February, but on account of the prevalence of influenza it was deemed wise to delay the commencement for a short time so that those who applied for the course might be available for general nursing at a time when the demand for nurses so greatly exceeds the supply. Full information relative to the course may be obtained on application to Dr. John Stewart, Dean of the Faculty of Medicine.

The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums and Public Charitable Institutions throughout the British Empire

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Original Contributions

HOSPITALS IN CHINA

By John N. E. Brown, M.B.
One Time Inspector of Yukon Hospitals.

An inquiry has been made into the scientific efficiency of mission hospitals in China by Harold Balme, F.R.C.S., D.P.H., Dean of the School of Medicine, Shantung Christian University, Tsinanfu, China, and Milton J. Stauffer, B.A., B.D., secretary, Committee on Survey and Occupation China Continuation Committee, Shanghai. The report of these gentlemen was presented at the annual conference of the China Medical Missionary Association which met at Peking on February 21st to 27th, 1920. We present herewith some of the points made in the report. The growing appreciation of medical science in China has led medical missionaries and their friends to consider whether or not the mission hospitals are adequately staffed and efficiently equipped for modern work. Twenty years ago the aim was to win the patients' confidence and friendship; in this endeavor it was inevitable to carry on under conditions opposed to hygiene, good nursing and without scientific methods of diagnosis and treatment. To-day even many of the Chinese wish a higher level of efficiency. To improve conditions it was decided to ascertain by questionnaire information as to the present conditions. Eighty-two per cent. of the hospitals replied; 200 out of some 250 institutions. Sixty-three of the hospitals reported on are one storey high; ninety-eight partly or wholly two storey; twenty-eight partly or wholly three storey; and seven partly or wholly four storey; more than eighty per cent. of the hospitals have been erected since 1900. Seventy-six were constructed between 1910-20. In the northern provinces and in Szechwan, the majority of the hospitals are built on an east-west axis; but in four other provinces the orientation is north-south. A slanting axis—N.E.-S.W.—is reported from eight.

The total cost of the original buildings, 152 hospitals, was $3,259,650; and that of additional buildings to ninety-five hospitals was $1,637,580; while the total cost of equipment of 122 hospitals was $554,930. Only fifty-two hospitals out of 168 have out-patient departments fitted in accordance with modern aseptic ideas; only fifty-seven O. P. D.'s have any facilities for laboratory work. Fifty per cent. of the O. P. D.'s have no dark room for eye work; and fifty-two per cent. have too large a clinic for detailed examination of individual patients. Social service and follow-up work has been attempted in forty-six per cent. of the hospitals reporting. Fifty-six O. P. D.'s are placed in the general building; while sixty-eight have separate buildings. Fifty-two are fitted up aseptically; 116 not so fitted. Fifty-seven have laboratory facilities; 115 have none. There are operating rooms at Shausi and Kiangsu; without—chiefly Chekiang and Manchuria. One hundred and twenty-six hospitals receive both male and female patients—not, as a rule, in the same building. Thirty-three hospitals confine their work to men; thirty-six to women and children. Average number of patients in all hospitals, sixty-three; in men's hospitals, forty-six; in women's, thirty-one. In Fukien there is one bed to 9,210 people; in Yunnan one to 266,490. The average in China and Manchuria is estimated at one hospital bed for 26,640. Some American cities run one bed to some 300 people. The average number of beds per foreign or foreign-trained physician is forty-three. The majority of hospitals are built of burned brick; some of stone; others of mud brick. Chinese tiles are used for roofing in seventy-two per cent. of the hospitals reporting. Portland cement is used wholly or partly in fifty per cent. of the hospitals for ground flooring. The upper floors are mostly of wood. Eighteen per cent. have coved corners, fifty per cent. report rounded corners in operating rooms. In fifteen per cent. of the operating rooms walls are tiled. The ward walls are plastered or color washed for the most part, though in Chihli, twenty-six per cent. are painted and oiled. Eighty-two per cent. report sufficient ventilation. One hundred and seventy-five have glass windows; fifteen mostly glass; four paper windows throughout.

Fifty-six per cent. of 110 reporting have less than 800 cubic feet of air space per patient. Twenty-eight have 800 to 1,200 cu. ft.; twenty have 1,200 cu. ft. or over. One hundred and twenty-three have adequate verandah space; sixty-six are inadequately supplied. Sixty-eight have means of isolation; 127 have no means of isolating infectious cases. Eighty-seven are screened throughout against flies, mosquitoes; thirty-four supply nets for all patients; seventy-two are not protected by screens. Forty-five per cent. of 185 hospitals have iron beds; the rest have beds of wood or brick Kangs. Fifty per cent. of the hospitals provide all patients with bedding; ten most of the patients; twelve a few; twenty-four do not provide any. Chinese wadded quilts are supplied in eighty per cent. of the first category; blankets in forty-seven per cent., and sheets in forty-nine per cent. In more than half the hospitals reporting on the matter of change of patients' clothing, there are no facilities for providing clean garments or, at best, can do so for not more than a small minority of their patients.

In the early days of medical missionary work in China it was neither easy nor politic to induce patients to come into the hospital unless they were allowed to bring their friends in to live with them. To-day that necessity no longer exists in most places, but owing to the lack of nurses or orderlies, or to other causes, thirty-seven per cent. of 188 hospitals report that all patients still bring their own friends into the wards to stay with them. In a few hospitals (twenty-two) special accommodation outside of the hospital is provided for the friends.

A bare fifty per cent. of the hospitals are able to report that the patients' diet is wholly controlled by the medical and nursing staff. Hitherto, the kitchen in too many instances has been left to the mercies of the not-over-hygienic cook and to the capricious whims of the patient. Only sixty, out of 172, hospitals report a complete classified diet system. In fifty-eight, the kitchen is in main building; in 129 located in an outhouse. One hundred and seventy are under control of the hospital; thirteen not; sixty-five screened; 132 not. Eleven use foreign stoves; 173 Chinese stoves. About sixty-seven per cent. of the hospitals reporting are heated in winter—those not, are situated mostly in the south. Six have central hot water heating; four-

teen steam; nine hot air; ninety-three separate stoves; four brick Kangs. Seventy-one have electric light; 115 oil; two partly with acetylene. Fifteen secure water from artesian wells; 134 from wells at the surface; forty use river water. Thirteen boil and filter the water; seventy-six boil only; twenty-five filter only; sixty do not treat the water at all. Eleven have running water in the institution; eighteen have it in the laundry and operating room and thirty-seven have hot water cisterns. Sixteen hospitals report the melancholy fact that they do not possess a bath tub; thirty-three have either a porcelain or enameled iron tub; sixteen have Soochow tubs; three cement; forty-seven galvanized iron; thirty-one wooden and twenty-two some miscellaneous improvisation. Seventy-four of the hospitals reporting bathe all patients on admission and 112 do not bathe all. In eighty-three, the patients are regularly bathed; in eighty-one, they are irregularly or never bathed. Thirty-three have running water for baths; 158 not. Fifty-seven per cent. of the hospitals have laundry accommodation sufficient for the work of the hospital; in twenty per cent. there is foreign machinery. One hundred and eighty-six hospitals depend on ordinary Chinese latrines; fifty-one report having water flush closets; thirty-one scattered in thirteen provinces, have septic tanks. Seventy-four per cent. of those using the latrines empty them daily. Eighty-three per cent. of the hospitals have a sufficient supply of bed pans and urinals. One hundred and eighteen hospitals have pressure sterilizers; 138 have facilities for sterilizing ward utensils; 145 sterilize surgical dressings, and fifty have provision for sterilizing bedding and mattresses. Fifty-five operating rooms have water sterilizers; forty make sterile water in boilers, and seventy-four in kettles. One hundred and one operating rooms are equipped with steel and enamel furniture; eighty-one wooden. One hundred and seventeen have an adequate supply of instruments and sixty-three have not. Twenty-one have electrical instruments of investigation; 159 have not. Of 197 hospitals, forty-seven per cent. have laboratories in regular use; sixty-one have no laboratories. Ninety-two have microscopes; eighteen a bacteriological incubator and twenty-four have a skilled technician. Of 170

hospitals sixty per cent. are able to make routine blood examinations. Sixty-six per cent. regularly examine the feces. Only twenty-four per cent. are able to examine sections of tumors. Of 161 hospitals, only twenty-one have X-ray apparatus. Forty-one hospitals have special departments. Seventeen have a gynecological; fifteen ear, nose and throat; twelve eye; ten X-ray and one a dental. Twenty only, have adequate departmental equipment. One hundred and fifty-seven hospitals have one or no doctor; twenty-seven, two; six, three, and seven over three. Out of 177 hospitals only fourteen per cent. of the staff are able to specialize, being so busy in general work. One hundred and fifty-five hospitals have 284 Chinese medical assistants; forty-two have none. Nine have qualified pharmacists; 173 have not; 121 have student assistants or dressers; seventy-six have none. There are 4.8 student assistants in each hospital. In one-third of the hospitals there is no skilled nursing. Ninety-five hospitals reporting have skilled nurses. Ninety-three hospitals have foreign nurses, and ninety-four have Chinese graduates. Eighty-two hospitals have each an average of twelve undergraduate Chinese nurses. Thirty-four hospitals train both male and female nurses. In those hospitals where no nurses are employed, the care of the patients is necessarily left to the friends. Out of 197 hospitals, thirty-eight per cent. have no regular night nurses. Forty-two per cent. hospitals reporting keep full records; fifty-eight per cent. do not. Research work is being attempted in twenty-five out of 183 hospitals. Of 185, fifty-two report that their medical and surgical work is now based on pathological investigation. Eighty-eight autopsies were performed last year in thirty-two hospitals. Widal and Wassermann tests can be carried out in thirty-six, out of 197 hospitals. Major abdominal surgery is attempted in ninety-four out of 197 hospitals.

The control of seventy-five per cent. of 171 hospitals is in the hands of the medical and nursing staff. The others are run by committee. Fifty-four, out of 175, have a superintendent—a doctor usually. Foreign business managers are reported from twenty-one out of 160 hospitals. Thirty-eight hospitals are wholly self-supporting, apart from foreign salaries; fifty-two

more than two-thirds supporting; twenty-two from one-half to two-thirds; nineteen from one-third to one-half; and nine less than one-third.

The total annual budget of 127 hospitals, inclusive of foreign help, last year was $1,649,604. Average amount from Chinese subscriptions, twenty-seven per cent.; patients' fees twenty-eight per cent.; foreign donations and fees, nineteen per cent.; home boards, twenty-six per cent.

A careful study of the facts contained in the preceding sections will make it abundantly clear that the appeals which medical missionaries are continually making for better equipment and larger staffs are not without strong foundation. If we but glance at the summarized statement which is given at the conclusion of this paper, we cannot fail to see that a large proportion of the hospitals are working under most severe handicaps, from the point of view of scientific methods; and if the supporters of medical missions are anxious, as we believe they are, to make the mission hospitals truly efficient, large reinforcements and greatly increased financial support will be required.

In answer to the question as to what each hospital regards as its most urgent need at the present time, the following facts have emerged:

One hundred and twenty-nine hospitals are appealing for two hundred and three more foreign doctors, the largest proportion of hospitals making such an appeal being in Shansi, Anhwei, and Chekiang, and the largest aggregate being called for from Kwangtung, Shantung, and Chihli.*

One hundred and fifteen hospitals are appealing for two hundred and five more qualified Chinese doctors, Szechwan, Anhwei, and Chekiang supplying the largest proportion of hospitals putting forward this need, while the largest aggregation is asked for from Shantung and Kiangsu. In this connection it is of interest to add that eighty-one of these hospitals are asking for internes from the medical colleges, and offering them a good service.

* This means that the total number of foreign physicians asked for is greatest from Kwangtung, Shantung, and Chihli, but that proportionately there are more hospitals in Shansi, Anhwei, and Chekiang than in the other provinces appealing for foreign doctors.

One hundred and thirteen hospitals are appealing for one hundred and forty-eight new foreign nurses, the largest proportion of hospitals making this appeal being from Szechwan, while the largest total of nurses required for the whole province is for Chekiang, Shantung and Kiangsu.

Ninety-eight hospitals are appealing for four hundred and one new Chinese graduate nurses, the largest proportion of hospitals urging this need being in Chekiang and Anhwei, while the largest total of nurses is required for Fukien and Chihli.

Ninety-four hospitals are appealing for new or enlarged buildings at a total cost of Mex. $5,039,800. Kiangsu and Chekiang supply the greatest number of hospitals making this appeal, the largest amount of money for the whole province being asked for in Kwangtung and Kiangsu.

Ninety-one hospitals are appealing for new equipment, at a total cost of Mex. $862,300. The greatest amount of money for this purpose is appealed for from Kiangsu and Shantung. while the largest proportion of hospitals putting forward this need is in Szechwan, Kiangsu and Anhwei.

Sixty-seven hospitals are asking for increased appropriations from the home boards, amounting to a total of Mex. $383,300 per annum, this request coming chiefly from hospitals in Anhwei and Hunan, while the largest total sum of money is asked for by the hospitals in Kiangsu.

In conclusion, let us summarize the main facts upon which these appeals are based, and which this enquiry has revealed. They are as follows:

There is at present on an average only one mission hospital bed to every 26,640 people in China.

Eighty per cent. of the hospitals whose reports have been received state that they had only one foreign or foreign-trained doctor last year.

Thirty-four per cent. have no nurse, foreign or Chinese; fifty-two per cent. have no foreign nurses; and sixty per cent. not more than one graduate nurse in all.

Sixty-two per cent. have no regular system of night nursing.

Thirty-seven per cent. depend entirely on the patients' friends for all nursing.

Less than fifty per cent. have out-patient departments equipped for efficient medical work.

Fifty-six per cent. of the in-patient departments have less than eight hundred cubic feet air space per patient.

Sixty-five per cent. have no isolation block or courtyard.

Thirty-seven per cent. have no protection whatever against flies or mosquitoes; sixty-seven per cent. have no screening for their kitchens, and seventy-one per cent. have no screening for the latrines.

Thirty-seven per cent. possess no bedding, or only sufficient for a very few patients.

Fifty-eight per cent. are unable to clothe the patients in clean hospital garments.

Only eight per cent. have a pure water supply, and only six per cent. have running water laid on throughout the hospital.

Fifty per cent. seldom or never bathe their patients.

Forty-three per cent. have no laundries, or insufficient accommodation for dealing with the hospital linen, etc.

Fifty per cent. have no controlled diets for the patients.

Thirty-four per cent. do not possess a pressure sterilizer for surgical dressings.

Seventy-three per cent. have no means of sterilizing bedding or mattresses.

Thirty-one per cent. do not possess a laboratory of any kind.

Eighty-two per cent. do not possess a bacteriological incubator.

Eighty-seven per cent. do not possess an X-ray plant.

Seventy-two per cent. state that they are unable to base their medical and surgical work upon pathological investigation.

NOTE.—It must be remembered that the above percentages are in every case calculated upon the number of hospitals who have filled in the return—usually 180 or 190—and not upon the total number of mission hospitals in China.

Selected Articles

THE EFFICIENT HOSPITAL

In the past, hospital treatment has been considered a luxury and was resorted to only when every other means of care failed —excepting in those patients that were willing to be designated as charity cases and who enjoyed the advantages of hospital care at the expense of the municipality. Under the old and still existing conditions, the ward system of hospital care continues to be in the foreground, even though, in many hospitals, private rooms for the use of patients who prefer to pay their way are being provided more and more. It is interesting to note that resort to hospital care on the part of "private patients" is increasingly frequent, many patients going or being referred to the hospital for a period of observation upon which a correct diagnosis may be based while others, mainly operative cases, of course, extend their stay in the hospital for longer periods. Anyway, private rooms in hospitals have come to be so much more generally demanded that there does not seem to be a sufficient number of them to go around.

We wish to call attention to an extremely interesting article by Mr. Asa S. Bacon, the superintendent of the Presbyterian Hospital in Chicago (*Jour. A. M. A.*, Jan. 10, p. 123), in which he expresses the self-evident idea that "to provide efficient hospitals to serve the people in moderate circumstances at charges within their means, giving them all the conveniences of the most exclusive institution and rendering the much needed educational work to the community, is the ideal to be attained; but, to accomplish this ideal requires new methods and much thought."

Enumerating the many disadvantages of the ward system, Doctor Bacon comes to the conclusion that the private room for each patient, with its complete utility equipment, not only provides comfort but absolutely solves the problem involved. The advantages of the private room are numerous. Doctor Bacon makes out an excellent case for his position, and at the

same time presents several attractive plans for small hospitals that he suggests for the private-room hospital.

Instead of hospital treatment being a luxury, and being resorted to only in case of extreme need, Doctor Bacon asserts that this should be reversed, assuming that it would be if the charges for hospital services were within reach of the general public. He believes that the efficient city, or community-hospital, with floor plans of which he illustrates his article, makes this possible. Under such a system, the study of actual disease-conditions would be facilitated immensely and the observation of "cases" as well as of successful treatment of "patients" would be improved. Doctor Bacon predicts that thousands of small hospitals are going to be erected, adding that efficiency and economy in the *medical* as well as the *material* service of the hospital should be our standard.

This, undoubtedly, is an unusually valuable suggestion, the realization of which, of course, depends upon the possibility of erecting and conducting hospitals at an outlay of money that does not cause the overhead expense to be excessive. One must never lose sight of the fact that the great majority of people requiring hospital care belong to the middle class and that their resources are limited. Nevertheless, it appears that the plan is entirely feasible and this is shown in a communication by Dr. George S. McReynolds, of Temple, Texas (*Jour. A. M. A.*, Feb. 14, p. 479.)

Referring to Doctor Bacon's communication, Doctor McReynolds says that, some years ago, the staff of the King's Daughters' Hospital, Temple, Texas, realized that the patients would do better in private rooms than in the wards. As much as twelve years ago, the ward system was abandoned entirely and since then each patient, charity or otherwise, has had a private room, the nurse in attendance knowing but infrequently whether the patient is a pay or a charity patient.

Although this hospital has been conducted almost without donations, except for the physicians' contributions, and although it has no endowment, the private-room plan has worked out in a thoroughly satisfactory manner.

One good practical point that is made by Doctor Mc-

Reynolds is, to have service rooms on the top floor instead of on the ground floors, the advantages being that there is virtually no odor of food throughout the building and, incidentally, there is less possibility of the help's carrying off foods, a contingency that demands consideration especially in southern regions where Negro help is employed.

It is significant that, after its long experience with private rooms, this hospital would consider wards again only with reluctance and would by far prefer to furnish the charity patients with the less expensive rooms, the ward plan being unsatisfactory both to patient and physician.—*Journal of Clinical Medicine.*

COMMUNITY SERVICE AND OUR PUBLIC HOSPITALS

Extent of Service.*

In 1919, the Hospital for Sick Children, the Toronto Orthopedic Hospital, and six general hospitals in Toronto, treated 32,891 persons in their in-patient departments, i.e., in their general wards, private and semi-private rooms. The average stay of a patient was 16.5 days. That is, the eight hospitals took care of a population equivalent to that of Brantford and Simcoe combined, for 16.5 days. The hospital population, however, was a sick population, requiring the unremitting, skilled and varied attention of a large staff, so that in reality the eight hospitals maintained and housed a population more than the equivalent of that of London, Ontario, for 16.5 days.

The average daily number of sick people in these hospitals was 1,486, or one-third of the population of Port Hope. Including medical men, nurses, attendants, the caretaking staff, etc., they cared for a population practically equal to that of Port Colborne.

In the out-patient departments of these Hospitals, 139,232 treatments were given to people who were ailing, but in most cases able to go about their various businesses. Without such

* The figures used in this bulletin are taken from official reports and from statements supplied by officials of the Hospital Association.

departments, hundreds of people would have had to stop work and enter the hospital—thus losing their pay, diminishing production, and bringing an additional burden on the community. Out-patient departments contribute to the industrial and commercial well-being of the whole province by cutting down the cost of production and by increasing the general welfare and happiness.

One of the most important services rendered by the out-patient department is the treatment of venereal diseases. During 1919, 7,918 such treatments were given. If a carrier of diphtheria or scarlet fever were at liberty in the province, there would be a storm of public protest, but men and women infected with loathsome and dangerous venereal diseases may go from community to community at their will, in many cases spreading the infection broadcast. The action of the provincial government in recognizing this danger, curbing it by legislative machinery, and giving financial assistance to the hospitals fighting it, is beyond praise. The danger is a provincial and a national, as well as a local one.

The Community Served.

It might be thought that Toronto hospitals were merely local institutions. As a matter of fact, out of 32,891 in-patients, in 1919, 5,120 were from points outside Toronto.

The number of indigent patients from outside is comparatively small, but there is a considerable number of paying public ward patients from outside. As the rate paid is not sufficient to cover the cost of public ward service, the burden on the municipality rendering the service is increased. This is a matter for the consideration of the Province.

In many cases the presence of out-of-town patients is due to accident, but in many other cases the superior facilities of highly specialized and equipped city hospitals are necessary for the patients' proper treatment. The community so served is one much larger than Toronto.

What the Eight Hospitals Spent.

In 1919, the eight hospitals in question spent $1,775,755.64, and received for services the sum of $1,392,270.30. The deficit on operation was $412,437.43.

On the present basis, public ward patients are charged $1.25 per day. To this the Government adds a daily grant of 30 cents. If a patient is indigent the $1.25 per day is paid by the municipality concerned. If the revenue per patient per day had been $2.55 instead of $1.55, the total operating deficit would have been about $125,000. In the case of hospitals having large revenues from subscriptions and endowments their deficits would have been wiped out. If a surplus were to result in any case, this could, and, of course, would be spent in improved and increased hospital services to the community in ways which are much needed.

Increasing Costs of Hospital Administration.

Everything that hospitals buy has gone up during the past five years, and nearly everything is still increasing in price. If any demonstration were needed, hospitals have shown that business cannot be conducted in a rising market on the basis of fixed charges for services—without a steadily mounting deficit. The public would not expect any private enterprise to be so conducted.

For these hospitals, the average of the costs of maintaining one patient for one day has increased, approximately, in five years as follows:

1915	$1.87
1916	2.00
1917	2.39
1918	2.67
1919	3.02

The 1920 costs probably will be much larger.* With a set charge for public ward service, increasing costs send hospitals to municipalities for lump sum grants. This is neither wholesome nor fair to hospitals or taxpayers. *What is needed is a scheme of per capita payments based on the purchasing power of a dollar.* If a fair per diem payment were decided on now, on the basis of the minimum service acceptable to the public, this per diem grant would, on a sliding scale, decrease or in-

* In at least two hospitals the present cost of public ward service alone is over $3.00 per patient per day.

crease, as the purchasing power of a dollar increased or decreased. It would be merely a matter of elementary mathematics. Hospital authorities would be freed from anxiety, and pilgrimages to councils and governments would be avoided. The taxpayers would realize that they were getting value for their money, and tendencies to extravagance would be minimized by the impossibility of getting lump sum grants for current deficits. Private giving to hospitals would be encouraged, instead of discouraged, as at present, by the apparent hopelessness of the present position.—*Report, Bureau of Municipal Research, Toronto.*

MENTAL HYGIENE IN RELATION TO SOCIAL HYGIENE*

By A. H. Desloges, M.D.

General Medical Superintendent of Insane Asylums of the Province of Quebec.

The kind invitation of Doctor Pagé has caused me to be brought into the midst of this assembly with the burden of addressing you in a language which is not the daily vehicle of my thoughts. However, the difficulty is alleviated by your kind sympathy and the keen pleasure I experience of being in the midst of confrères animated with the most laudable zeal for the betterment of humanity. Not satisfied with living a comfortable existence, you deem such a behavior void and useless, and you want to devote yourselves to the improvement of your science so that in this land of yours there might be a little more sunshine. To promote science in all fields of society is a noble aim and worthy of any educated mind's activity. I always feel at ease in such society. I am sure to find in your hearts the indulgence I need for this paper I am going to read to you with a deep sentiment of our social needs and an ardent desire to bring an end to, or at least an alleviation of, them.

I want to show first what has been done for the betterment of the treatment of the insane and then indicate what mental

* Read before the Public Health Section, Meeting of the Canadian Medical Association, Quebec, June, 1919.

hygiene must do in order to diminish the dangers to which we are exposed, to stop, if possible, the threatening tide of insanity.

Let us take a look into the history of mental hygiene. This inspection will teach us the wonderful progress that branch of medical science has made since the days of Hippocrates.

In the days primeval, which end with Hippocrates' intervention into the medical treatment of insanity, that illness was considered imputable to the influence of a favorable or irritated deity. The insane were god-possessed. Most of them were said to be the prey of infernal deities, but some were thought to be the friends of superior gods, to be inspired by them and to tell the future through their influence. The Delphie Pithia is one of the most famous examples of this. Virgil describes the Cumæan Sybil as if struggling with the god under whose influence she was about to speak and reveal to Æneas the future of his destiny. Incapable of suffering any more Phœbus *Phœbi nundum impatiens Bacchatur vates, magnum si pectore possit excusisse deum.* The poor epileptic, impatient of Phœbus, strives to disburden her soul of her tyrannic ruler, but the more effort she makes, the more her terrible god fatigues her foaming mouth and subdues her ferocious heart; the Sybil bellows in her cave while Apollo shakes the reins over her as she wildly rages. He tames her and breaks her in, but also he lashes her to fury.

This description is nothing but one of the scenes witnessed every day in our epileptic asylums. But no longer is the sad fate of our patients considered a favor of heaven nor a curse of the Almighty. The insane has been raised to the dignity of a sick person. He is no longer lashed in order that he might recover.

Such being the belief about the nature of insanity, it is evident that the treatment in those days consisted chiefly in religious ceremonies and practices. The Asclepiades, the priests in charge of the temple of Esculapius, had received the appointment of curing those suffering from mental disorders, but their science was made to procure them wealth rather than profit the sick.

Hippocrates, the creator of mental medicine, was a member of that priestly family who claimed to be issued from

Asculapius (the Asclepiades) and had in ancient Greece the monopoly of the curing of insanity.

First, he had the merit of distinguishing the pathological nature of insanity. With the most praiseworthy insistence he applied himself to oppose the medico-religious practices of the Asclepiades in order to substitute a treatment more rational and medical. To ablutions, exorcisms, incantations succeeded the bleeding, purges, emetics, vegetable diet, hygienic exercises, music and travel. It seems that even at that time there were sanatoria for the insane, *iatria,* but most of them were left at liberty in their homes under the supervision of a servant or a relative.

Hippocrates ends the Hippocratic period: his successors were but imitators and added nothing to his medical ideas on mental alienation.

The scientific tradition then passed from Greece to Egypt with the dismemberment of Alexander's Empire.

Herophilus and Erasistrates, who lived about three hundred years before Christ, represent this period of transition from Hippocrates to Celsus.

The Greco-Roman period which brings us to the middle ages, is represented by Asclepiades of Bithynia, Celus, Aretus, Goelius and Galienus.

Asclepiades has established a formal delimitation of insanity into acute and chronic alienations. He, the first, tried the substitutive medication and advised intoxication in the general treatment of mental alienation.

Celsus gave the wisest rules for the hygienic and moral treatment of the insane, but unfortunately, he finally advised starvation, chains and chastenings to tame the insane as soon as he gave signs of want of sense, *fame, catenis, vinculis cœrcendus est.*

Areteus of Cappadocia has left marvellous descriptions of the various forms of mental alienation. A reaction must have taken place since the days of Celsus since nowhere in his works is there any mention either of ties or ligatures for the phrenetic, or even the furious.

Let me quote what Goelius Aureliasus says against the physicians who recur through principle to such means: " They

seem to be delirious rather than disposed to cure their patients when they compare them to ferocious beasts to be tamed by the want of food and the torture of thirst. Seduced also by the same error, they wish us to load them with cruel chains without thinking that their limbs might be thereby bruised or broken, and that it is more decent and easy to restrain them by the hand of man than by the useless torture of iron bands. They even go so far as to advise corporal violence, the scourging, as if to force the revival of reason by such a provoking treatment: a wretched method which does nothing but aggravate their state, stain with blood their limbs and offer them the sad spectacle of their pains at the very moment when they recover the use of their brain and wit."

Galienus, the celebrated physician of Pargama, who wrote five hundred articles and whose ideas had so great an influence for fourteen centuries, has said but few things about mental alienation. He divided it into idiopathic and sympathetic insanity or by consensus.

The next period is one of transition and ends with Pinel's memorable reform, which modified completely the fate of the alienated and inaugurated a new era in the history of mental medicine.

With Cullen, who died in 1792, we are far from the ignorance of the middle ages, but the condition of the insane is yet deplorable. They live, as yet, disseminated in prisons and a few refuge houses. Very few are received in hospitals, and who would rather not call these hospital dungeons? The treatment consisted invariably in shower baths, cold baths, repeated bleeding with adjunction of hellebore, purgatives and antispasmodic remedies. When, after a few weeks of such a regime the sick failed to cure, he was sent to the "Petites Maisons," to La Salpêtrière, or Bicêtre, in France; to Bedlam, in England. There, badly fed, covered with rags, loaded with chains and iron collars, in filthy cells, once destined to the criminals, lying on rotten straw, breathing the contaminated air, they dragged a miserable life, exposed to the eye of the public who, on feast days, were admitted for money to look at this spectacle and tease the poor wretches as if wild beasts, through the iron bars of their cage.

Sir Bennet could say, in the Lower House, referring to this, "If ever an institution was a disgrace to England, it is Bedlam."

Then came Pinel, who was made head of the insane service at Bicêtre in 1793. He caused the chains of the insane to fall off. He had by his initiative and perseverance realized what others had vainly hoped, the rehabilitation of the insane and their restoration to the dignity of the sick. "To keep," said he, "in an habitual state of seclusion and restraint the violent insane, to deliver them helplessly to the brutality of servants and custodians under the pretence of the dangers they make us run, to drive them, in a word, with an iron rod, as if to accelerate the end of an existence deemed deplorably wretched, is no doubt a most commodious method of supervision, but no less worthy of centuries of ignorance and barbarity." But Pinel was more than a reformer. He was a man of science and his "Treatment of Mania" is justly celebrated. Cuvier could say of it in the Institute of France, that "his booklet was not only a medical book, but a capital work on philosophy."

In France, Esquirol, the successor of Pinel, had as great an influence on mental medicine as Pinel had on the moral condition and treatment of the insane. He was a philanthropist, a reformer, a scientist and a master.

Under the direction of the disciples of Pinel, psychiatry has made in all countries great progress. The characteristic of the actual movement in the field of labor and disquisitions is a tendency to apply to psychiatry the scientific data and methods of modern general pathology. Psychiatry has ceased to be simply a chapter of philosophy. It is now, and will be more and more, a branch of medical science or rather of biology. The insane are now treated with charity and science in all well-organized hospitals, especially wherever the superintendent brings to his position deep sentiments of the dignity of man and the principles of an enlightened philanthropy.

However, although we state with pleasure all these betterments in the condition of mentally abnormal patients, we should not conclude that the organization is complete. To treat well the insane is very good, but do you not think that something should be done to prevent the overcrowding of such insti-

tutions. The most complex problems are before us. So many causes contribute to enlarge the number of lunatics that if we do not find immediately the means of damming the ascending tide of alcoholism, syphilis and other evils, the nation may be overflooded and sink into the waves of insanity.

Here the beneficial intervention of the Mental Hygiene Society is obvious. This organization will help a great deal in the realization of this. Is this plan likely to be realized? Can we keep men away from insanity? I do believe it to be possible to a certain extent if all medical men and social workers, as priests, teachers and others try to enlighten the people of the dangers they are exposed to with regard to the principal causes of insanity.

The education of the people will bring better conditions and the evils of alcoholism, syphilis and heredity will be lessened.

Alcoholism is a well-known sickness which progressively diminishes the mind, will, strength and manual skill of a man. The loss of reason is the result of intoxication by too frequent drunkenness or ebriety, which might be said to be a temporary insanity. The errors about alcohol are deeply rooted, but in these latter days the evidence of its noxious action has caused many to be brought to sounder principles. When a man is thirsty he thirsts for water, and water should be given him and not alcohol. The hospitals and asylums would be too large if there were no alcoholics. Out of two persons lying in our hospitals, one is an alcoholic. Alcohol is one of the universal providers of lunatic asylums, and intemperance might be styled one of the most active agents to keep the doctors busy.

The recent law adopted by the Government is one out of which we should expect the best results, and the Prime Minister should be congratulated for having loved his fellow-citizens enough to prefer their interests to those of the bar-keepers. This law of temperance, as we may call it, will bring the whiskey drinkers to prefer wine and light beer or cider to their poison. The general health will be enhanced and consequently in sounder bodies might we hope to see sounder souls. *Mens sanior in saniori corpore.*

As an alienist, I am not in favor of total abstinence. How-

ever, I am satisfied with this mitigated law of prohibition. The drunkard you may be sure of it, will continue to get drunk just the same, but the new generation, the young men who have still kept the sense of dignity and decency, when they realize that, in order to obtain the desired effect, they must drink gallons of beer, no doubt will deem the pleasure to be bought at too dear a sacrifice, and will never become drunkards and, consequently the alcoholic fathers will cease to breed a brood of candidates for the lunatic asylums.

Meanwhile the bar-keepers will keep their old clients, for *what is born in the bone is borne in the flesh. Qui a bu, boira.* The bar-keeper will keep up till the dipsomaniac is no more, and then he will engage in more prosperous business, and when bar-keepers will be few or none, the brewers will brew less or no more.

The next cause of insanity is syphilis. I need not insist. The bad effects of this contagious disease are well known to the physician, but the people are unaware of its dangers, its contagiousness, its frequency. It is a pleasure to me to state that at the last meeting of the Quebec Legislature the Provincial Board of Hygiene has had a bill accepted which will surely bring the best results. This legislation will contribute to lessen the number of cases of general paralysis. It will, to say the least, give to those afflicted by this sickness, the facility of being scientifically treated without being oppressed by so-called specialists.

Egotistical zeal is no zeal. Let the physicians on all occasions teach their clients the dangers of the day. Do not speculate on human degeneration. Help to build a nation. There will be enough natural causes of sickness to keep the doctor busy and thrifty. Let your ambition be that of being a curer, a saver, a helper, a giver of health, happiness and joy, a distributor of life, a consoler, and the reward will surely follow. As you sow, so shall you reap. Let us, therefore, strive to educate the people on the serious consequences of syphilis and try to cure those that are plague-stricken.

A third cause is heredity. Please permit me to quote a few lines from Morel. "By the observation of the links and reciprocal dependence of pathological phenomena transmissible

through heredity I came to create the great and important varieties of hereditary alienations. I have proved that betwixt the simplest anomaly in the laws of moral sensibility designed under the name of moral mania, reasoning mania and those states more or less properly called imbecility, idiocy, cretinism, there exists degrees of the same affection."

Heredity, it is sure, is a great factor in mental alienations. Alcoholic heredity, says Dupuy, is the most frequent cause of idiocy, feeble-mindedness and madness. The sons and daughters of alcoholics have a tendency to lying or pseudomania, to theft or kleptomania, to the abuse of liquors or dipsomania. "The drinker," says he, "breeds the degenerate and the degenerate breeds the drinker." As to heredity through syphilis, it is no less obvious.

But what have we done, to come to practical results? Have we reflected on the cerebral ravages caused by epilepsy? This sickness is hereditary, when not the results of intoxication or an accident. Have our medical societies, in lectures and reports, and the physician in his office given practical advice to the sick or his relatives? What have they done to enlighten the bride or the bridegroom on necessity of avoiding marriage with an epileptic? What have they done to check the marriage of the syphilitic? Have they shown to the parents the dangers of letting their daughters marry a drunkard, debauché, a syphilitic, an epileptic?

Time will come when candidates for marriage will have to show their sanitary testimonials in order to be allowed to legally do so: when everyone will feel the necessity of protecting himself against the possibility of contagion and of a breed of insane or idiots.

I am glad to see that, as a result of the warnings, the National Society for Mental Hygiene was organized.

Under the impulsion of an epileptic and hallucinated Kaiser, have we not seen a whole nation stricken with a fit of megalomania? The result was the terrible war now brought to an end by the signing of the Treaty of Versailles. In other fields we have seen the frenzy of Bolshevism which threatens to invade the world. Bolshevism is a collective insanity under the impulsion of socialistic subversive literature and orators.

Much remains to be said, but I must conclude, for a brief paper on this subject can at best be but a meagre and inadequate sketch. I have merely undertaken to invite your attention to mental hygiene. Those of us wishing to interest themselves will find there is much to be accomplished in this field and its accomplishment depends largely on the physicians who appreciate the situation and are ready to take their share in educating their patients.

If some of this work can be accomplished, much of the sorrow and misery of this world will in time be alleviated and disappear.—*Canadian Journal of Mental Hygiene.*

PLANS AERIAL HOSPITALS

Aerial hospitals floating 5,000 feet above England is the apparently fantastic dream of a number of experts who are endeavoring to persuade the Ministry of Health to take over from the Air Ministry airships of the R-34 type, which successfully accomplished the trans-Atlantic flight under General Maitland, and which proved themselves superior to Germany's Zeppelins as regards length of flight and time in the air.

Interviewed by the London *Globe,* a leading doctor attached to the Royal Air Force during the war declared that the airships would provide wonderful treatment for the cure of consumption and other diseases. Patients would be able to live for several days or weeks at a height of 5,000 feet, enjoying complete rest and breathing air as pure as that of any of the most famous mountain spas.

"It is no use a doctor telling a poor patient to go to Davos Platz or any other expensive mountain resort for consumptives," the doctor said. "He can't afford it. But an airship can go higher than any mountain, and the air 5,000 feet above London is as good as anywhere else. Airships of the R-34 and R-38 type could be fitted up as sanatoria for patients suffering from consumption, anæmia, neurasthenia and other ills, and could, except in very wild weather, cruise about for weeks at a time."

THE PSYCHOPATHIC HOSPITAL IDEAL*

By Lawson G. Lowrey, A.M., M.D., Boston, Mass.
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We have heard a great deal, first and last, of the psychopathic hospital idea, but only a very little concerning the psychopathic hospital ideal, and yet this is of fundamental importance as determining the value of the idea.

Broadly stated, the ideal of the psychopathic hospital must be service: service of a particular sort, but limited in its scope only by the limits of the field of abnormal mentality, in whatever way manifested. The opportunities for service are medical, social, and public, to adopt Southard's triadic analysis of hospital problems.

The medical service has a number of potentialities. First, the patient must be carefully studied from every possible point of view. The patient (or family or friends) has the right to expect the most searching analysis that can be made. Accordingly, such analysis must begin with the study of the entire background of the person—the family, the social and economic status, the past life of the patient, make-up, reactive possibilities, diseases, conduct, disorders—all of the manifold factors which have determined the activities of the individual. Then the *status presens* of the patient—physical condition, nervous functions, mentality, and mental functioning—must be thoroughly gone into, using all the aids which modern medicine has devised (the laboratory, lumbar puncture, the Wassermann test, psychometrics) until the whole individual—static, dynamic, and potential—is understood. Only in this way can we avoid the pitfalls of diagnosis, render a reasonably correct prognosis, and decide upon treatment.

In this connection, a word about records of patients seems important. All records should be objective, and as nearly complete and accurate as circumstances will permit. The ideal should always be to record accurately, concisely, and completely

* Psychopathic Hospital Contribution.

all that can be learned concerning the patient, leaving out personal interpretations. Stereotypy of records is very difficult to avoid—but it must always be remembered that each case is an individual—and so our records must vary somewhat. Care must be taken that all abnormalities are obtained and are correctly ascribed to their proper fields of mental activity. Records should be so objective and so complete, so analytic and so synthetic, that a later reader can get the facts without feeling everywhere the personality of the examiner.

An important part of medical service is research—experimental, laboratory, psychological, clinical, and pathological. Psychiatry as a science is yet young; the lines are not closely drawn; the possibilities are enormous. Only by much carefully conducted research can we hope to benefit those who are now mentally sick, or learn how so to order the reactive life of the mentally well that they shall not become mentally ill. Everywhere in the world is the search for causes: in science, in social life, even in the problems of war. Causes are what we must seek in psychiatry.

The psychopathic hospital service must be educationally applied to the medical profession, to medical students, and in a mutually reactive way to the State hospitals. That which we learn, if of value to us, is of equal value to the State hospitals, and we in turn should learn from them. The profession as a whole is rather ignorant of psychiatry. Each specialty claims the same thing, and this statement is often regarded as undeserved criticism, yet it is not so to be regarded. The peculiar conditions under which psychiatry must be practised have led to the condition. How fundamental it is that students and physicians learn more of normal and abnormal mental life, of the importance of early treatment, of guiding measures for those who are potentially abnormal! All such educational measures react to the ultimate benefit of the patients.

So it appears that the medical ideal is threefold in application: the study and treatment of the individual patient; research into nature, causes, diagnosis, and treatment; education of the profession—all aiming to serve the patient.

A threefold division of service also appears in its social ideal. Here the problem is one of study and adjustment of the mentally abnormal in some social position; in other words, it has to do with the individual patient. Now each patient usually is the centre or a part of a social situation involving a family. This family is likely to need medical care, aid, or some form of social adjustment. The ideal is to see that this is received in all cases where needed. Furthermore, patients may often occupy a fairly normal place in society if correctly guided and helped. In this field, which may be spoken of as the socializing of psychiatry, lies the large opportunity of the immediate future, and this is the zone of effort and ideal of individual and group social service.

Finally, there is the great ideal of educating the lay public to the enormous importance of right living and thinking from the standpoint of mental hygiene; the pervading influence of the reactive possibilities of individual and crowd; the prevention of those diseases and excesses which may be destructive to normal mental life. The very foundation of this is the training of children: obtaining a correct physical and mental balance, proportioned activity, correct reactions.

The ideal of public service has to do with the medical and social service offered to courts, to educators, to various public and semi-public organizations in dealing with their human problems. More and more are judges, charitable organizations, etc., coming to see that problems of misconduct, poverty, etc., are very frequently problems of failure or abnormality of mental reactions and they are realizing the value of careful psychiatric examination early, rather than late. This side of the socializing of psychiatry is advancing rapidly of late years. After all, how can corrective or helping measures be successfully applied if we do not know what we are correcting or aiding? Of what value is punishment to the feebleminded or insane, or to the unadjusted victim of a morbid impulsion? These things can be determined only by examination. This part of the ideal is extremely important, and the ground it is rapidly gaining is one of the encouraging signs of the times.

So it appears that the ideal of the psychopathic hospital is

the highest possible type of service, medical, social, and public, in the interests of the mentally abnormal, either as individuals or as groups; the determination of causes, the care, treatment or adjustment; the protection of the individual or of society; the education of public and profession; in other words, making a broad and vital contact between psychiatry and society, to the benefit of both.—*Medical Record.*

TENTATIVE PROGRAMME OF THE BRITISH COLUMBIA HOSPITAL ASSOCIATION CONVENTION, VANCOUVER, B.C.

The following is the provisional programme of the B. C. Hospital Association Convention at Vancouver, B.C., on June 23rd.

Wednesday, June 23rd, 1920.—*Nursing Session*:

A. Joint session of Public Health Association and The B. C. Hospital Association.

Symposium on Nursing.

1. Nursing Standards.
2. The University in relation to Nursing Education.
3. The Organization of a Public Health Nursing Service.
4. The role of Voluntary Societies in a Public Health Nursing Service.
5. The co-ordination of State and Private Enterprises in Public Health Nursing Services.

B. Survey Report of Training Schools in British Columbia.
C. The Training School in the small hospital.
D. How can we increase the number of applicants for training?
E. Scope of duties of Nursing Inspector for Province.
F. Affiliation of Training Schools.
G. Nursing by graduates versus by nurses-in-training, of hospitals fifteen to twenty beds average, from standpoint of:

(1) The hospital.
(2) The patient.
(3) The pupil nurse.

H. The pupil nurse in residence versus living out.
I. The Ward Attendant Group.
J. Question Drawer.

Thursday, June 24th, 1920—*Medical Session*:

A. Scope of Medical Service to be expected in the rural hospital.
B. The Clinical Laboratory for small hospitals. Its equipment and operation.
C. The importance of keeping Case Records in every hospital.
D. The Hospital as a teaching institution:

(1) To In-patients.
(2) To Out-patients.
(3) To the public.

E. Relation of the Staff to the small hospital.
F. Hospital Standardization—the minimum requirements.
G. Survey Report of the Hospitals in British Columbia.
H. Hospital Dietetics in relation to the scientific treatment of disease.
I. Question Drawer—suggested subjects:

(1) Visitors and the Hospital, and effect on medical condition of patients.
(2) Occupational—therapy in hospitals.
(3) Hospital problems to-day:
The Drug Addict.
The Incurable.
The Infectious.
The Psycopathic.
The Venereal.

Friday, June 25th, 1920—*Business Session*:

A. Hospital Financing:

(1) The financial problems of hospitals to-day.
(2) Sources of revenue and expenditure in hospitals.
(3) Practical economies which can be effected.

B. Standardization of Hospital—Accounting.

C. Uniformity of hospital charges in British Columbia hospitals:

(1) Regular and ordinary ward fees.
(2) Special charges.
(3) Contract charges.

D. The organization and management of hospitals:

(1) Hospitals up to twenty beds.
(2) Hospitals twenty to fifty beds.
(3) Hospitals fifty beds up.

E. Uniform monthly reports to Boards of Directors or Trustees:

Medical—Nursing—Business.

F. Hospital Architecture.

G. Question Drawer.

Saturday, June 26th, 1920.

Unfinished Business.
Question Drawers.
Visiting Hospitals.

Hospital Items

ORPINGTON HOSPITAL, KENT

It's just twelve months since I was down at Orpington, in Kent, I wasn't long from Canada and was feeling homesick for a Canadian greeting and a Canadian atmosphere. I got them both at Orpington in 1918. With Canucks at the station, the "real maple-leaf" smiles, the friendly sentry at the hospital gate, the unconventional greetings from the "boys in blue" along the lanes, all made a little corner of Canada nestling there among the hills of Kent.

Here's spring, 1920, and I've been down to visit Orpington again. I was feeling very Canuckian; I had my Star Weekly (three weeks old to be sure; good things bear keeping!) and some jolly Canadian letters to read in the train and I was feeling just it till I got to Orpington.

What strikes one first is the quietness and stillness. No lively Canadians making the place ring with fun and laughter. Only echo gives the vivid Canuck slang the natives tried hard to learn, only memory peoples the grounds and lanes with the bright and cheery sisters in their trim blue uniforms. It is a little Canada no longer.

Get talking to the Orpington girls and you'll know who misses the "boys" most; and it's the beaux of the village who aren't sorry that the debonair "maple leafs" have gone home across the sea, as they can get a look in with the village belles, and a dance, too, nowadays. But as a merry widow the boys knew in Orpington said, "It's done our local lads a world of good and brought them out; but," with a sigh, "what I would give for a dance down at the village hall with one of The Boys!"

The hospital is now occupied by the British Ministry of Pensions as a hospital for men requiring further treatment, and also as a training centre for teaching manual trades to disabled men, and there are a number of shell-shock cases under treatment too. At present there are only about three hundred pa-

tients, but the whole hospital will soon be in operation. There are still a few C. A. M. C. men on the staff; Staff-Sergt. "Archie" Rayand, Corp. Thomas, of Epsom; Sergt. Phyzackerley, better known as "Phyz" of the O. baseball team.

But there is one sacred corner of Canada here in Orpington, for all time. Up the hill, past the quaint Angles, and so to the quiet God's Acre overlooking the hills of Kent. . . . Pause here with me in thought; this is holy ground, where among the daffodils and primroses they've laid to rest those boys who never went home to their heart's desire, Canada. For them no more meetings and partings, no more letters sent or welcomed . . . . and for their folks crowded memories and thoughts that bruise and pain. Dear lonely folks, know that their graves are tended and cared for. And after all, they savored life to the full, tremendous moments that were the portal to the greatest thing of all. H. S.

CHANGES IN MILITARY HOSPITALS

It is expected that all the psychiatric cases in the various sanitaria throughout the Province will shortly be transferred to the Westminster Hospital, on the Port Stanley road, three miles south of London. The process of transferring the patients will be carried out gradually.

Already patients are being moved from Cobourg hospital, and by the end of June the 168 patients at Newmarket Military Hospital will be transferred. Soldiers in the other Provincial institutions will also be moved to London.

While it is likely that the Cobourg hospital will revert to the Provincial Government, it is not yet known what the Government will do with the hospital at Newmarket. When the Government took it over from the Pickering College Governors, it is understood a five-year lease was signed, which has yet two years to run. It is stated that Pickering College officials are not anxious to have it back. What the Government will do with it in the meantime is a problem.

Rumors are prevalent that it will be turned into a tubercular

sanitarium, as there is no accommodation for Toronto tubercular patients nearer than Hamilton, and the Mountain Sanitarium at Hamilton is filled up. The department has five sanitaria in the Province, but of these only at the Speedwell Institution at Guelph are there any surplus beds. Toronto soldiers object to being sent so far away from their relatives.

The Newmarket Hospital was built ten years ago by the Society of Friends, and was the only college of its kind on the continent. It is said by doctors who have been stationed there to be admirably adapted in some ways for a tubercular sanitarium.

To study the whole situation in Canada with respect to the treatment of tubercular ex-soldiers and bring about a uniform standard of treatment, a Board of Tuberculosis Sanatorium Consultants has been appointed. The Board comprises: Dr. C. D. Parfitt, Calydor Sanatorium, Gravenhurst, Ont.; Dr. J. R. Byers, Laurentian Sanatorium, Ste. Agathe des Montz, Que.; Dr. W. M. Hart, Qu'Appelle Sanatorium, Saskatchewan, and Lenham Hospital, England; Dr. A. F. Miller, Nova Scotia Sanatorium, Kentville, N.S.; Dr. N. A. Stewart, Manitoba Provincial Sanatorium, Ninette, Man. It will visit each of the twenty-three sanatoria in which patients are receiving treatment, hear complaints and make suggestions.

PURCHASE SITE FOR NEW MATERNITY HOSPITAL

Two large residences, Nos. 550 and 556 Jarvis Street, Toronto, have been purchased by the Sisters of Misericordia at a cost of $118,500, and will be used by them for a new maternity hospital, taking possession in about two months. The amount paid for No. 550 was $56,500, T. C. Watkins being the vendor. The lot has a frontage of 100 feet by 195 feet. Mrs. A. J. Somerville was the vendor of No. 556, and the price paid was $62,000, the land measuring 120 by 300 feet.

When finished the institution will be known as St. Mary's Maternity Hospital, the present building of this name at 81 Bond Street being far too small.

TORONTO ORTHOPEDIC HOSPITAL

In the public mind gymnasiums are associated with athletic "stunts," with the idea in the background that they are also used to promote the physical development of middle-aged men who have become a bit stodgy and off-color through too much office work. But nowadays some of these places are put to very different uses. Kiddies learn to walk in one which is connected with the Toronto Orthopedic Hospital. And sometimes grown-ups learn, too. A few weeks' illness in a young child sometimes necessitates its having to learn the use of its feet and legs "all over again." But most of the cases are those of children who have had a physical deformity and who are being taught to walk for the first time as part of their progress towards a normal physical condition.

A visitor to the Orthopedic gymnasium is impressed by the apparatus suspended by ropes from the ceiling and resembling in some ways what is commonly called a halter. The ropes are so hung that they can be pulled along from place to place, with the result that, when the "harness" is placed about the head of a patient, he can walk from place to place thus supported. And that is precisely what the patients learn to do, using limbs which were useless to them before treatment at the hospital. Sometimes a patient is suspended by means of this apparatus and swung back and forward. It is not the custom to put a child into the harness at once. He is allowed to "visit" and watch other patients being treated until he is no longer afraid. Half the battle lies in gaining and maintaining his confidence. There are other exercises, such as climbing a rope, which are used in various stages of development for certain cases.

Mirrors are also put to a new use. Instead of Milady using them to ascertain the correct degree of powder on Milady's nose, they are so placed at the gymnasium that patients can see their own deformities, and learn through the eye how to hold themselves so as to overcome these defects.

An interesting adjunct to the orthopedic institution is the boot shop and blacksmith shop where footwear and metal braces are made for patients who require this special treatment. There

are, of course, cases where limbs and bodies cannot be made normal by an operation, yet where a boot specially shaped or with a thick sole and heel will work wonders in the matter of locomotion. In other cases, legs have to be braced, and other corrective measures taken. The Orthopedic Hospital has its own plant for making all this apparatus and fits the individual patient with his requirements.

The institution is devoted exclusively to the treatment of the lame, crippled, ruptured and deformed, and during 1919 its work included $10,000 for charity patients, although it receives no grant from the city and only thirty cents per day from the province for each patient paying less than $8.75 per week. Surgical and staff attendance is free to non-paying cases.

The natural result of this policy in an institution which depends wholly upon private beneficence for its outside support has been a deficit during the past year, when prices of all supplies have gone soaring. This has amounted to $6,000, and as the hospital is installing modern sterilizing appliances and providing tents for the outdoor treatment of tubercular bone conditions, its actual need is nearer three times that sum.

Its board has recently been re-organized under the presidency of Mr. A. E. Ames, with Mr. E. R. Wood as vice-president, A. W. Briggs as secretary, and A. M. Featherston as treasurer. As it was not a participant in the campaign of the Federation of Charities, the hospital is shortly to come before the public with a plea for private subscriptions to meet its needs.

HOSPITAL MAY BE USED AS ARMORIES EXTENSION

According to a message from the authorities at Ottawa, the Dominion Orthopedic Hospital on Christie Street, Toronto, will be turned over to the militia and will be used for armories. The building, however, will be used for a hospital for another year, at least. Owing to the overcrowding of the Armories on University Avenue it has become absolutely necessary to have more accommodation.

ESSEX COUNTY SANATORIUM DESTROYED BY FIRE

Fire completely razed the Essex County Sanatorium at Union-on-the-lake, on April 29, forcing the patients to leave hurriedly in their night attire and resulting in a property loss of about $200,000.

The blaze started in the basement about four o'clock, and when discovered help was at once summoned from Kingsville, and the work of getting the forty patients to safety commenced. The building was all clear long before the flames made the work of rescue dangerous. There is no water supply there and the flames had to be allowed to take their course, with the result that the frame structure was completely destroyed.

The sanatorium is conducted by the Essex Health Association and is a publicly-supported enterprise for tubercular patients.

HOSPITAL FOR SICK CHILDREN BUY "SURREY LODGE"

"Surrey Lodge," the residence of the late Senator Jaffray, corner Grenville Street and Surrey Place, Toronto, was recently sold by the executors of the estate to the Hospital for Sick Children, the price paid being $30,000. It is understood that the house is to be used by the Hospital as a residence for portions of the staff.

WRECKS HOSPITAL WING

The large water tank at St. Joseph's Hospital, Glace Bay, N.S., collapsed on April 30th, and nearly demolished one wing of the institution. The girders at the top of the tank became weakened and caused it to collapse. An employee examined the tank five minutes before it collapsed.

The loss on Calgary's various hospitals in the last seven months was $130,704.

HOSPITAL GRANTS TO BE AUGMENTED

Increased Provincial and municipal grants to hospitals and charitable institutions were heralded by Hon. H. C. Nixon, Provincial Secretary, in the Legislature on May 11th, when he introduced amending legislation to the existing act. Outstanding in his recommendations is the proposal to increase the Provincial grant to hospitals from thirty to fifty cents per day, and the municipal grant for an indigent patient from $1.25 to $1.50 per day. According to Hon. Mr. Nixon's statistics, whereas the cost of maintaining a patient in the various hospitals throughout the Province was $1.64 in 1917, it had risen to $2.25 per day in 1919. It is estimated that the increase in the Provincial grant to hospitals will mean an extra cost to the Province of $178,913 per year. Government allowance to sanatoria, according to the legislation introduced will be increased from fifty to seventy-five cents per day. Provincial contributions toward refuges are to be increased from seven to ten cents per capita per day, and toward orphanages from two to five cents per capita per day. The department accepts the contention of the hospitals that it costs as much to care for a child as an adult, and raises the allowance toward the maintenance of children to equal that for adults. The total additional cost of the increased allowances is estimated at $350,000, which for the year 1920 makes a total estimated Provincial contribution toward hospitals and charities of $890,228.

COMMERCIAL DEPARTMENT

An Ideal Food for the Sick

Physicians know well how frequently they are puzzled as to the best form of diet in many cases, particularly in chronic gastritis, where the patient seems unable to digest even the simplest kind of food without acute suffering—one of the foods that has been tried out with very considerable success is *Kellogg's Krumbled Bran.* This preparation is ready to eat, is always crisp and fresh because it comes in a wax-tite package, has a very rich flavor and, what is most important from the physician's standpoint, it retains the mineral salts of the grain. Another very important advantage to be obtained from the use of Krumbled Bran is its remarkable effect in chronic constipation. It has a definite mechanical action on the lower intestine and will give relief where medicines fail. Krumbled Bran is most easily digested, and chronic gastritis patients will not have any inconvenience in taking it from either pain or gas eructation. Doctor, try it and you will be pleased.

Paris Ground Glass Syringes

One of the leading products being put upon the market at the present time by The Randall-Faichney Company, Inc., of Boston, Mass., is the Paris Ground Glass Syringe. And it is worthy of note, that the instrument is American-made throughout. This is not an entirely new product of The Randall-Faichney Company, Inc., as they introduced the Syringe to the profession several years ago, and it is said to have grown in popularity ever since. During the late war, the manufacturers claim to have furnished the United States Government with vast quantities of these syringes. This had a tendency to win for these instruments even wider popularity, with the result that peace time demands are largely increasing over sales made heretofore.

The makers of Paris Ground Glass Syringes have recently increased their facilities for manufacture, very materially it is

understood, in order to be in position to maintain prompt service on deliveries.

The manufacturers call attention to the fact that Paris Ground Glass Syringes do not leak in use, as every piston is ground to fit its individual barrel. Also, to the further fact, that the non-leaking feature is true of the larger sizes for institutional work, as well as in the case of the Syringes of small capacity intended for the personal equipment of the physician or nurse.

As The Randall-Faichney Company, Inc., have been actively engaged in the manufacture of surgical instruments—and of syringes in particular, over a quarter-century, it is fair to assume the high integrity of their Paris Syringes.

Free Booklet, with illustrations and details is available upon application to the manufacturers at Boston, U.S.A.

The Lyons Sanitary Milk Urn—A Sine Qua Non for a Hospital

You know that the cream rises to the top of the milk, and with all other urns the first ones get the skim-milk from the bottom, while the last ones get what is left, all the cream. Lyons Sanitary Milk Urn is the only urn that dispenses milk containing the proper percentage of cream in each and every glass served, without any mixing, stirring, or other agitating mechanism, and it makes no difference whether the milk remains in the urn 2 minutes or 24 hours. Place the day's supply of milk in the urn and draw it out through the faucet as you need it, and the milk will always be sweet, clean, cold and fresh.

If you are using bottled milk, figure out the difference between the cost of bottled and bulk milk, then multiply this difference by the number of quarts purchased daily. This proves how much money can be saved daily for 365 days in the year. Lyons urns dispense milk just as rich and sanitary as bottled milk and are more convenient to handle and keep cold. Dipping milk out of a can with a ladle or placing the milk in pitchers is sloppy, wasteful, inconvenient to handle, and unsanitary. The milk is never uncovered nor exposed to dirt, dust,

flies, odors, etc. Five glasses of milk can be drawn from the urn while one is being served the ordinary way.

The Lyons Urn is exceptionally easy to clean; the faucet can be taken apart in a second by simply removing the lock-nut at the bottom of faucet (by hand) and the faucet key can be instantly removed.

Could anything be more suitable for an institution, Mr. Hospital Superintendent?—nuf sed. Write The Lyons Sanitary Urn Co., 235 East 44th Street, New York.

KEEPING THE PUBLIC COOL

Describing the Mechanism Employed by the Allen Theatre to Bring Comfort to its Patrons During the Warm Summer Months.

With the initial manifestations of Spring, and the advent of an early summer, the Allen Theatres in Toronto begin their exhaustive preparations toward combating the heat rays of "Old Sol" and no effort or expense is spared that will tend to make the theatre "the coolest spot in town" during the hot weather period. Firstly, every Allen Theatre undergoes a thorough Spring cleaning. Following this the Blower Ventilating Systems, with which all Allen houses are equipped, are inspected and placed in condition for a strenuous season.

The Blower System, as it is termed, is the main agency employed to distribute clean, cool, fresh air through the auditorium of the theatre in summer. It comprises a series of powerful fans, which draw in the outside air and which also expel the stagnant air. The system is a dual one—one series of fans and air ducts working as "intakes" while the other is employed for exhaust purposes. When the air is drawn into the house it is automatically filtered and washed and is then forced through numerous ducts, scattered through the theatre, into the main auditorium. In Summer, this air is chilled to sixty-

eight degrees Fahrenheit, the proper temperature for a public gathering place. Five minutes after this air has been in circulation in the house, the exhaust fans begin their work and the air is expelled on the outside of the building, being carried out of the auditorium by ducts similar to those employed for intake purposes. This process goes on and on hourly, thus assuring a change of air in the Allen theatres every five minutes.

An added or auxiliary system, comprising wall fans and invisible suction air pumps, doubly protect the patrons of the theatre against the warm weather and further insure a constant supply of pure moving air at all times.

It is interesting to note that the Blower System employed in all Allen Theatres, is the only mechanism known that will assure a perpetual changing of air without dangerous drafts. Although each individual blower of the unit handles 40,000 cubic feet of air a minute, it is impossible to feel a violent breeze while the machines are in operation.

The system described above was selected by the Allen Theatre Enterprises only after an exhaustive study of all other ventilating plants and as a result, the patrons of the Allen Theatres are protected against excessive heat, while enjoying the performances.

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Teeth

Dr. Thos. B. Hartzell, D.M.S., M.D., of Minneapolis, deserves credit when he admits that the dental profession in years gone by has been chiefly engaged in conserving teeth without reference to or knowledge of the fact that in practising this intensive conservation, they are oftentimes doing a serious damage to the patient, illustrated by the old aphorism, "Saving at the spigot, but losing at the bung." But when he says that medicine, on the other hand, was quick to grasp every new thought or theory for controlling disease—evidenced by the profession accepting the erroneous statements of Bass *et al* that amebae were the cause of pyorrhea and emetine a sure cure, we do not concur with him. Few of the profession in this part of the continent, at any rate, did accept Bass's pronouncement. Dr. Hartzell states that the streptococcus vidans constitutes 50 per cent. of the bacterial flora of the mouth and is responsible for many ailments, as we all know. But he holds that wholesale extraction of the teeth will not rid the body of streptococcal growth. It is better to reduce mouth infection by vigorous mouth sanitation with the adoption of a diet to prevent intestinal putrefaction. Ten minutes a day spent in proper mouth sanitation will produce a safe minimum. An individual with five million red blood cells per c.c. and a hemoglobin of 85 per cent., a leucocyte count of seven to eight thousand c.c. with a normal digestion, a normal urine, and a reasonable amount of energy is safe in conserving any of his dental organs which might present for treatment, according to Hartzell. Reduction of mouth growth should be reduced to the minimum and where teeth must be devitalized the work should be done with perfect surgical asepsis. But with an early history of tooth and tonsil infection, swollen glands with anemia, marked hypo—or hyperleucocytosis, with cardiac, kidney or joint secondary trouble, extraction is justifiable.

Such cases require the conjoint study of physician and dentist.

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Hartzell lays great importance on vigorous scrubbing of mouth and tooth surfaces with the plentiful use of water to flush out the organisms, and the use of disclosing stain to guide the patient in his efforts to get his teeth clean.

Associated Manufacturers of Water-Purifying Equipment to Meet at Montreal

Montreal, Quebec, has been chosen for the coming meeting of the Associated Manufacturers of Water-Purifying Equipment, to be held in conjunction with the annual convention of the American Water Works Association, during the week of June 20th. A full representation is expected and plans are under way to make this the most constructive and interesting meeting yet held.

Adequate and efficient water purification is now recognized as a vital factor in the operation of nearly all industries. There has, accordingly, been a rapid expansion of the manufacturers of purification equipment. The feeling that they can better serve the consumer and themselves by an exchange of ideas has prompted these manufacturers to maintain this organization of live wire representatives.

One important aim of the Association is to secure uniformity of contracts and sizes of filters. To expedite this purpose, committees on standardization of contracts and filter sizes have been at work for some time, and full reports, together with tentative forms and schedules, will be submitted at the coming meeting.

Under the able direction of the President, Mr. Arthur M. Crane, the organization is successfully following out the purposes for which it was formed. The name, "Associated Manufacturers of Water-Purifying Equipment," has been registered in the United States Patent Office, and through the efforts of the Membership and Publicity Committees a substantial increase in members has been realized during the past few months.

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Borden's Eagle Brand Condensed Milk is made from carefully selected raw milk, which is obtained under ideal sanitary conditions and surroundings, from healthy cows, that are kept in perfect health by frequent and thorough veterinary inspection. The milk is condensed in the most modern and sanitary factories, where cleanliness reigns supreme, by Gail Borden's original process invented in the early 50's, and which process, up to the present time, has never been improved upon.

Borden's Eagle Brand Condensed Milk is a safe, wholesome, and complete food, having the added value of convenience and economy, together with simplicity of preparation. It is always uniform in composition and highest in quality, offering, when properly diluted and administered, a clean, safe, easily digested and readily assimilated infant food, surpassed only by Breast Milk.

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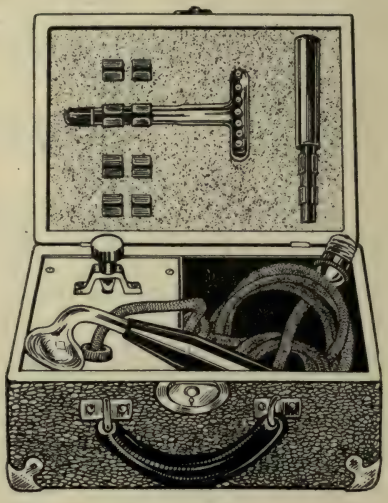
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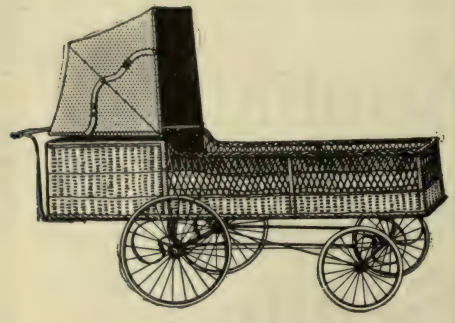
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¶ The measure of mileage you expect to get from an automobile tire is exactly the measure we are prepared to give you in **Dunlop Cord Tires.**

¶ **Dunlop Tires** are thoroughly "thought out" in the Scientific Research Department, then they are thoroughly "tried out" on the road. You, as a tire buyer, get the Final Result.

¶ The new ideas we have evolved from world-wide collaboration with Dunlop Master Tire Builders have worked wonders in tire construction.

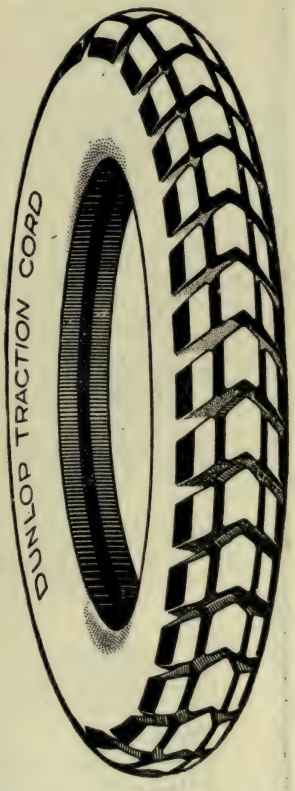
¶ Every other make of tire has suffered in comparison with Dunlop in a test of endurance; and that means foreign-made tires as well as Canadian-made.

¶ A tough tread, sturdy walls, largest air chamber, unsurpassable anti-skid features, are some of the reasons why **Dunlop Cord Tires** are so much in evidence these days.

¶ And just as **Dunlop Cord Tires,** wherever you go, are being awarded the palm as "1920's best," so, right across Canada, our 1920 sales figures are registering the definite approval of motorists in decidedly unusual increases.

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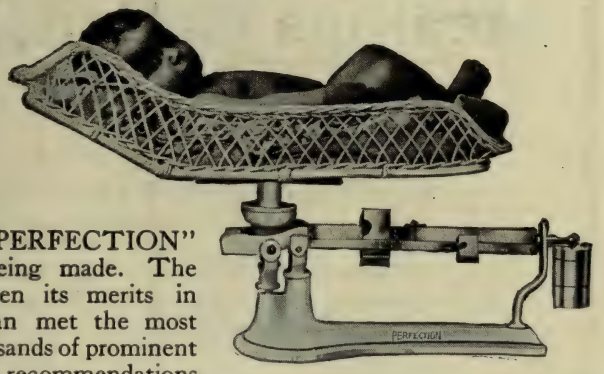


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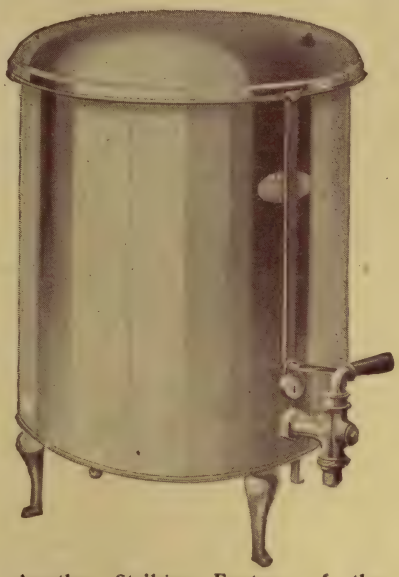
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Lyons Urn Solves Your Milk Troubles

Lyons Sanitary Milk Urn

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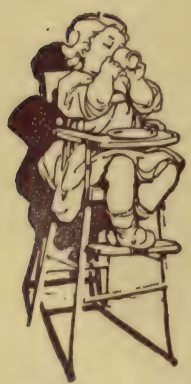
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THE HOSPITAL WORLD

Vol. XVIII Toronto, July, 1920 No. 1

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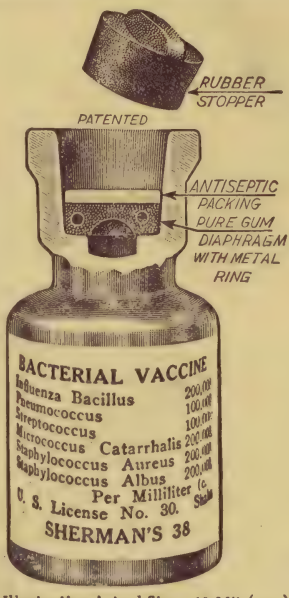


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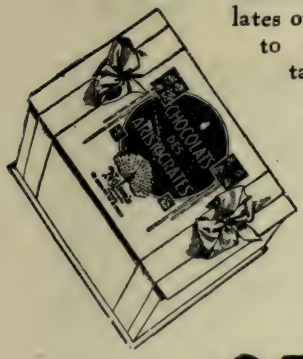
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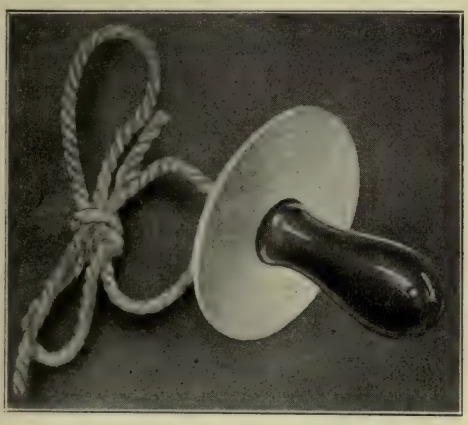
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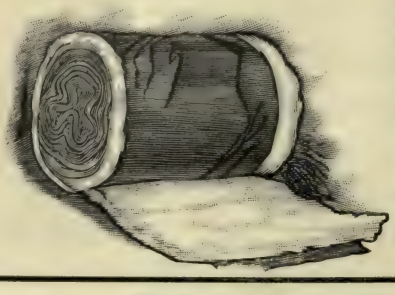
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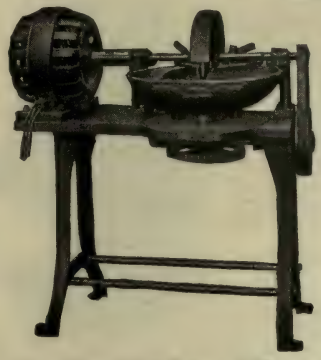
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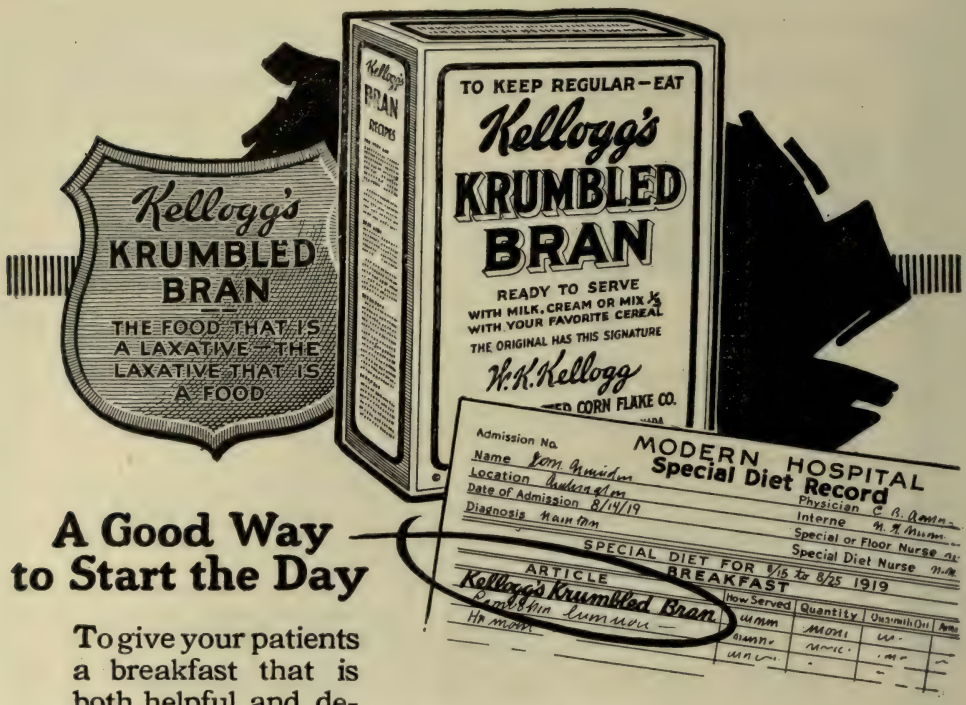
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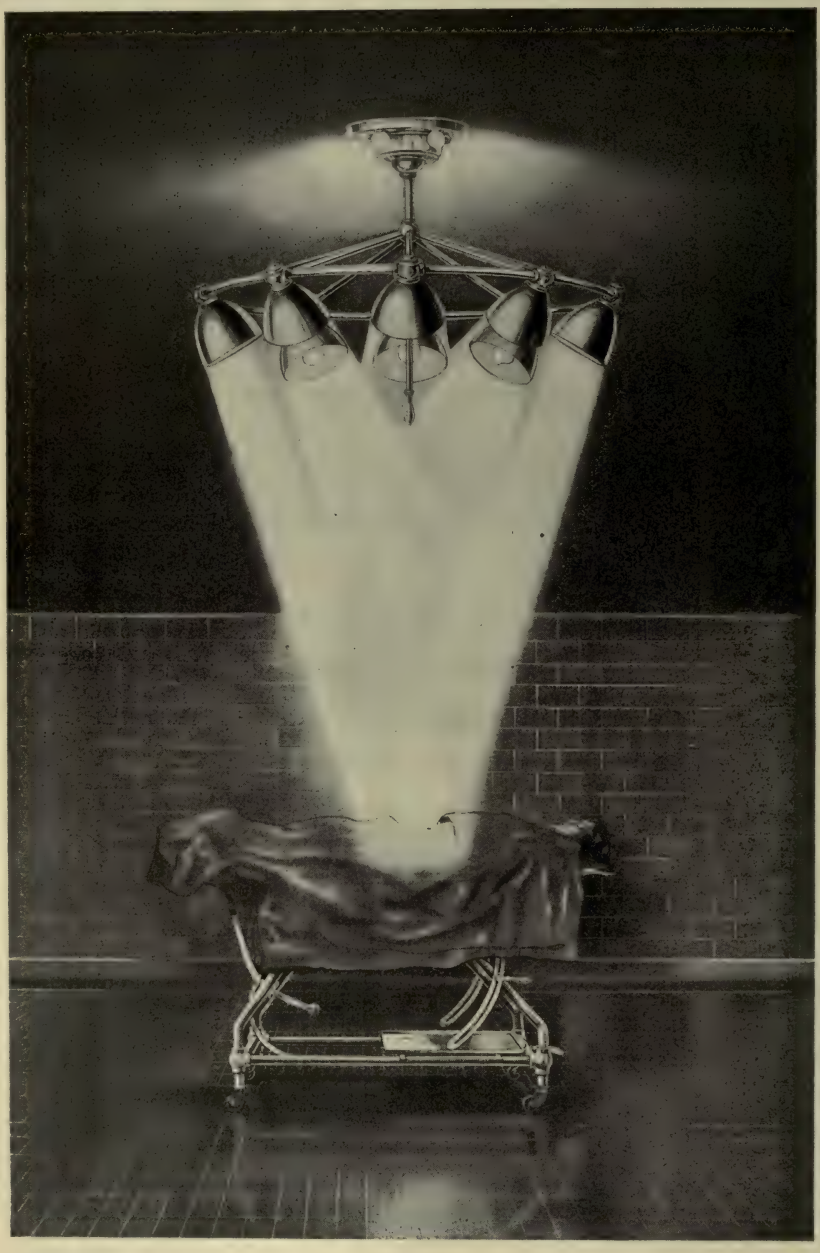


"It can be applied warm, on a wool tampon and packed in the vagina against the cervix, and supported lightly with a gauze dressing, held in place with a T-bandage. Care must be taken not to pack so tightly as to prevent drainage.

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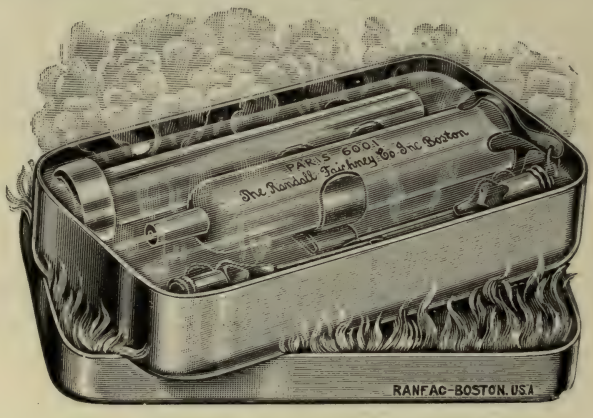
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Two Women Suffocated in Fire at Private Maternity Hospital

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Proprietor of Hospital Says He Was Never Instructed To Install Fire Escapes

Ottawa, May 13.—(By Canadian Press.)—It has been decided to conduct a searching investigation into the fire which occurred early this morning at the private maternity hospital of Dr. F. C. Hagar, in which two patients lost their lives. The deputy fire marshal of Ontario, Mr. George F. Lewis, of Toronto, in Ottawa

Two Lives That Might Have Been Saved

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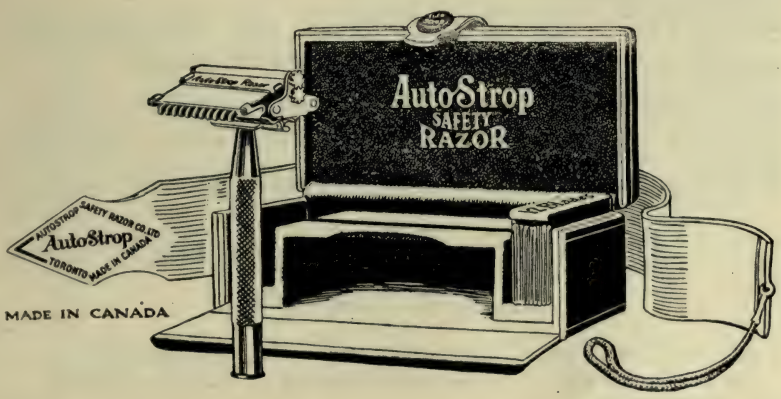
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The Hospital World

TORONTO, CANADA

A Journal published in the interests of Hospitals, Sanatoria, Asylums and Public Charitable Institutions throughout the British Empire

Vol. XVIII. TORONTO, JULY, 1920 No. 1

Editorials

TORONTO RECEPTION HOSPITAL

THAT Toronto citizens suffering from incipient brain disease have had no place in which to be treated except the jail, as declared in the *Toronto Star* recently, is a distinct stigma on Toronto the Good. If their appendices are diseased they are rushed instantly to one of the numerous hospitals for treatment. But for a whole year the patient, with disease of his most important organ, has no place in which to be properly treated. This condition of affairs is scandalous. The old Trinity College building was an abominable place, but—we think—better than the jail, and should have been retained until a better place could be secured.

The City Council, apparently of its own initiative, decided to build a reception hospital on the Trinity site. This move was properly opposed by the medical profession. In its opinion the psychiatric hospital should be in the vicinity of the Toronto General Hos-

pital, where such patients, suffering from concurrent diseases, might receive examination by neurologists, gynecologists, etc.; and where general hospital patients suffering from mental aberrations—as is frequently the case—could receive proper examination and treatment at the hands of the psychiatrists by means of the special equipment of the special mental pavilion.

Besides, medical students and nurses, most of whom are trained in practical bedside work at the General, Children's, and other central hospitals, would have a much better opportunity of studying this type of disease were the building for such patients contiguous to the General Hospital. Such is the plan adopted in the large continental hospitals; and at Albany, Ann Arbor, Cincinnati, Boston, and a few other places where the authorities have used any brains themselves.

We trust the Toronto City Council will direct their attention at once to this crying need.

MUNICIPAL HOSPITALS

In the main most of our hospitals hitherto have been built, and are being supported, by voluntary contributions, and administered by Boards consisting of our wealthy men, representing the larger businesses, and who contribute heavily themselves to these splendid institutions. To supplement these

private efforts constant appeals are being made by the hospital boards to the municipalities and provinces in which they are situated, and intermittent appeals are made to the public at large for voluntary contributions wherewith to build, endow, and maintain hospitals.

In this new day, to those who are watching the trend of affairs, it seems unfair to lay this great burden of building, supporting, equipping, and managing these great public institutions on such a small portion of the public which now rallies to their support.

The Great War has shown how hospitals can be carried on more efficiently by support of all the public through general taxation, and this experience points the way for the hospitals of the future—i.e., those designed for the rank and file of the people.

Just as in the army, the soldiers were closely watched, and as soon as the first sign of illness was manifested in any one of them, he was at once committed to the hospital and was given the necessary treatment at the hands of expert medical officers, no matter what his trouble. So in the great peace army of laborers, the time is near when the worker, discovered ill, will be committed at once to a hospital, where, as his right as a citizen—and not as a charitable object (as now), he will be given the care and treatment he requires, and restored to his place in the ranks as soon as possible.

More and more municipalities are taking this

great work over, and assuming much of the burden our voluntary hospitals have hitherto and are still doing.

Municipal hospitals are now being successfully operated in many cities, among the most prominent being: San Francisco, Boston, St. Paul's, Minneapolis, New York, St. Louis, Chicago, Louisville, Seattle, Indianapolis, Providence, and Cleveland.

INTERNES

IT would be a good thing for every medical man to have at least a year or two's training as an interne in a large general hospital, with a rotating service, spending several months in each department. The course will enable him to go into general practice with a practical knowledge of medicine and surgery which will give him confidence in himself and inspire confidence in his clients, providing, of course, that he is a man of good character, and has neither frittered his time nor wasted his opportunities while in college and hospital.

The hospital authorities have a duty to perform in the training of the interne. He should be provided with comfortable quarters, be given enough white duck suits for his work, and these should be laundered frequently enough to enable him to appear spotless at the bedside. His table should be amply provided with plain, nutritious food, which should be available at other than the regular hours, if his duties prevent

him—as they occasionally do—from being at table at the regular hour. He should be given a small honorarium for his services to enable him to meet extramural expenditure during his period of service to the hospital. There should be few rules for his guidance—the main, unwritten one, the golden rule, being taken for granted.

The medical staff ought to take a live interest in the house staff, more particularly in his scientific training. Each chief ought to see that his man takes a live interest in such patients as are assigned to their joint care. All patients should be treated with kindly consideration and receive a careful full examination, duly recorded, watched daily for fresh developments which should be noted in the progress notes, and accorded prompt and thorough treatment. Too much pains cannot be taken by these men. The method and spirit of the senior will be imitated by the junior. The senior should encourage the junior to make observations on his own initiative, and should be open to suggestions from the younger man in respect to treatment. In some hospitals, members of the visiting staff occasionally invite the house staff to their homes for dinner, or other function, something the juniors appreciate heartily as a rule.

House men can do much to assist senior students, who are allotted to their wards as clinical clerks and dressers, and may prove of much value in the teaching of nurses certain phases of their work.

Many practitioners to-day look back at the happy period of their interneship. As time goes on the

opportunities for internes increase in number and value, and it is to be hoped every young man seeking to become one will do his utmost to become worthy of the trust, and will fill the office with credit to himself, his chief, and the institution he serves.

TEACHING CHINESE

AFTER many years of work and sacrifice the old truth has dawned on medical missionaries that the best way to help people is to help them to help themselves. And so a big plan is on foot to establish hospitals, medical and dental colleges, in which young Chinese men and women will be taught medicine and surgery, dentistry and nursing. The Rockefeller Institute is actively helping in all parts of China except Western China. West China is represented by the province of Szechwan. Its capital is the big city of Chengtu. In this metropolis five religious denominations have established the West China Union University. This thriving young institution has forty buildings, in which nearly all branches are taught. It is proposed to establish a medical department in connection with the University, in which the secondary technical branches of medicine and surgery (including dentistry) will be taught. The primary branches—chemistry, physics and biology—are already studied. To build the two buildings required to start the college, $100,000 are needed. A few doctors and dentists under the leadership of the late

Richard A. Reeve, one-time president of the British Hospital Association, and Professor of Ophthalmology in Toronto University Medical Department, decide to appeal to the doctors, dentists, and nurses of Canada to undertake the raising of this amount of money. To this end Charles Service, M.D.C.M. of Trinity Medical College, Toronto, and B.A. of Toronto University, has visited Ontario, Manitoba, Saskatchewan, Alberta, and British Columbia, laying the needs and claims of the Chinese people before members of these professions. He has had a gratifying response in many places. The nurses of Toronto alone have subscribed over $2,500. We commend the movement to all our readers. If any of them wish to help, contributions may be sent to Dr. Walter Willmott, Secretary, Royal Dental College, Toronto. If any information or literature is desired the same may be procured from Dr. John N. E. Brown, 238 Bloor Street West, Toronto, and should any members of the professions in any city or town desire to have Dr. Service present the project to them, he will—up to August, 1920, when he returns to China—endeavor to meet them. His address is 208 Crawford Street, Toronto.

The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums and Public Charitable Institutions throughout the British Empire

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Original Contribution

CANADA'S MILITARY HOSPITALS*

By W. L. Symons,
Architect in charge of Military Hospitals.

The question of military hospitals, their inception and rapid development under the administration of the Military Hospitals Commission, has been dealt with in a former number of this magazine. Too much cannot be said in praise of the original organization, in its efforts to cope with a situation so new, so sudden, and so prodigious in its scope, as the caring for the ever-increasing flow of convalescents from the battlefields of France and Flanders.

The purpose of this article will be to record the further development of the work, and the gradual evolution in hospital planning and growth which has brought the work to its present state of completion.

On April 1st, 1918, the entire work of building and equipping military hospitals was transferred from the Military Hospitals Commission to the Chief Architect's Branch of the Public Works Department, Ottawa, and to the efforts of that staff are due the success which has attended the furtherance of this work to present stage of development.

The Department of Militia and Defence, under whose authority the control and maintenance of all military hospitals came upon completion, appointed a special committee at the time consisting of an expert in each branch of the Medical and Surgical Service. To this Board of Consultants were referred the plans for expert advice, and to this collaboration with the

* We are indebted to the publishers of "Construction" for the illustrations accompanying this article.

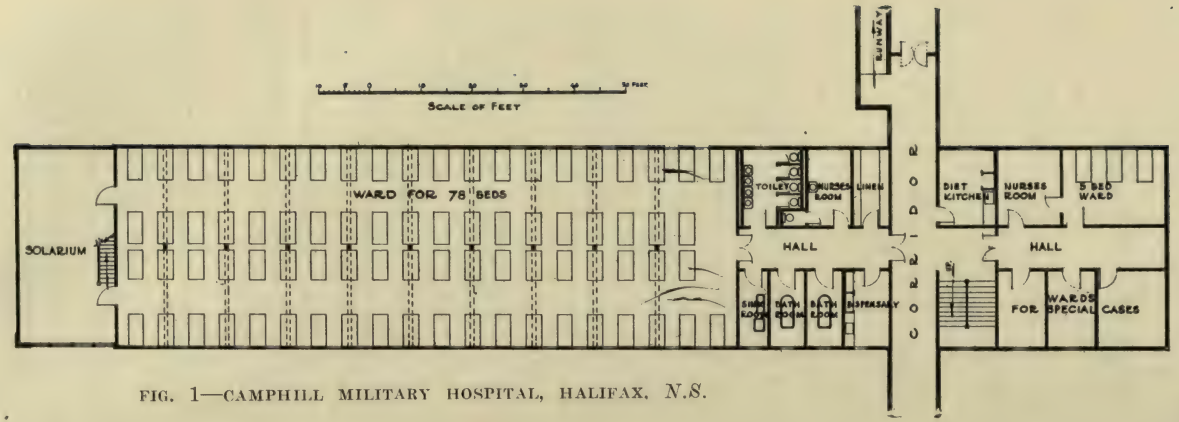


FIG. 1—CAMPHILL MILITARY HOSPITAL, HALIFAX, *N.S.*

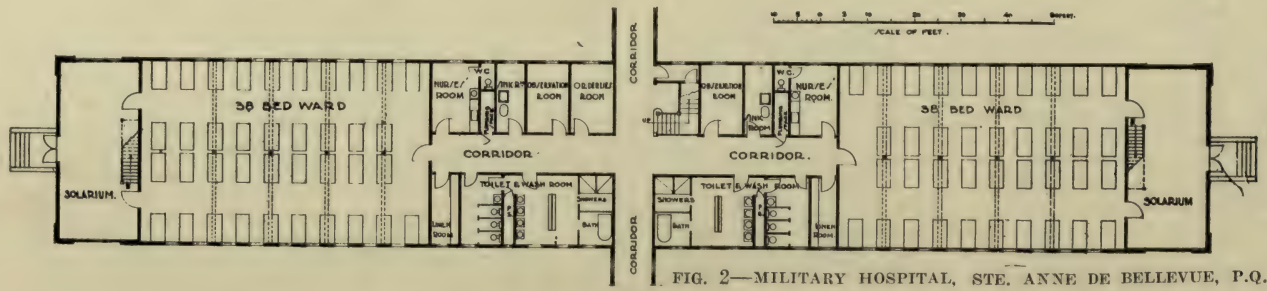


FIG. 2—MILITARY HOSPITAL, STE. ANNE DE BELLEVUE, P.Q.

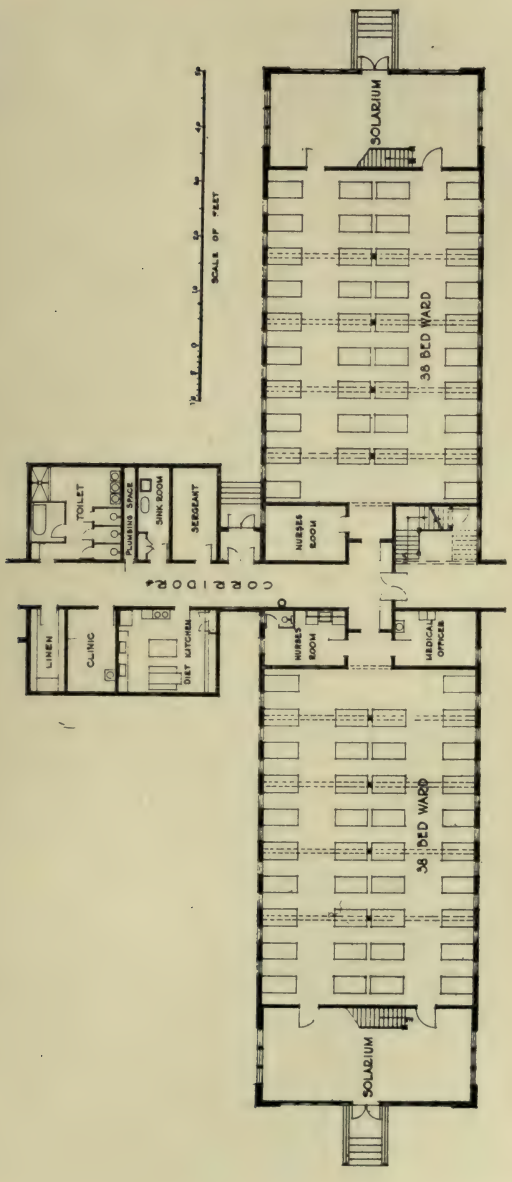


FIG. 3—MILITARY HOSPITAL, TUXEDO PARK, WINNIPEG.

architects is no doubt due a large measure of the success attained.

Beginning, as it did, in the early period of the war, with the caring for invalid cases in private houses—many of them generously loaned to the Government by the owners—the growth of military hospitals in Canada might be recorded as follows:

(*a*) The remodelling of large dwellings such as Oak Hill Military Hospital, St. Catharines, Ont.; Elmhurst, Kingston, Ont.; and the Sir Sandford Fleming House, Ottawa, Ont.

(*b*) The remodelling of schools, colleges, and other large public buildings, such as Queen's University, Kingston; Loyola College, Montreal; Knox College, Toronto; Ross Park School, Moose Jaw; Earl Grey School, Regina; Ogden Hotel, Calgary; Shaughnessy and Fairmount Schools, Vancouver, etc.

(*c*) By additions to existing institutions, such as the Asylum at Whitby, Ont., and the Reformatory, at Guelph, Ont.

(*d*) By the building of entirely new units capable of expansion, as, for example, at Camphill, Halifax; Ste. Anne de Bellevue, P. Q.; Westminster, London, Ont., and Tuxedo, Winnipeg.

The latter development represents to date the ultimate and most important phase of military hospital work which has so far been carried out. As the war dragged on into the third year and the devastation and toll in lives became very real, those entrusted with the work began to realize what a tremendous undertaking confronted them. It likewise became evident that the demand for facilities was fast outgrowing the policy of altering and adding to existing buildings. New buildings with increased accommodation must be provided, and on short notice, buildings of permanent construction were out of the question. Then it was that the construction of semi-temporary buildings became the set policy. The type adopted had much to recommend it. It was economical, could be quickly built and easily altered and added to.

The first building of this type and an entire unit was built at Camphill, Halifax, N.S. (See Fig. No. 1.) It consisted

of two ward buildings, each accommodating one hundred and fifty patients, together with a general service building.

These ward buildings were two storeys high, providing on each floor for one large ward of 76 beds. At one end of the ward was a connecting corridor, and adjacent to it were rooms for nurses, orderlies, toilets, and general utilities. At the other end was a large solarium with a stairway leading from the first to the second floor.

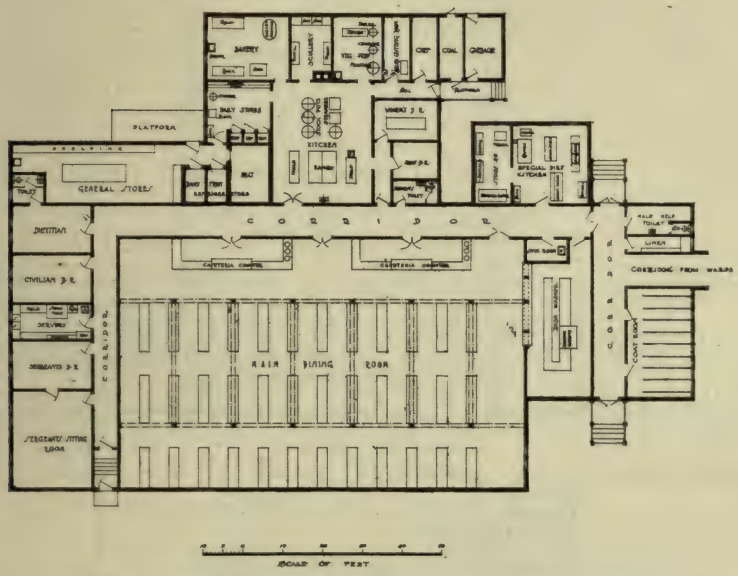


FIG. 5—GENERAL SERVICE BUILDING, CONVALESCENT HOSPITAL, STE. ANNE DE BELLEVUE, P.Q.

This arrangement of stairs was most workable, as it served to reduce the traffic through the wards, and at the same time would afford quick and easy exit in case of fire. The solarium was invariably made a most attractive lounge room, thanks to the efforts of the ladies of the local societies. As a description of this first type of unit was given in a former article it is unnecessary to go further into detail here. Suffice to say that as a first attempt it proved eminently satisfactory, so much so that duplicates were built at North Toronto and Winnipeg.

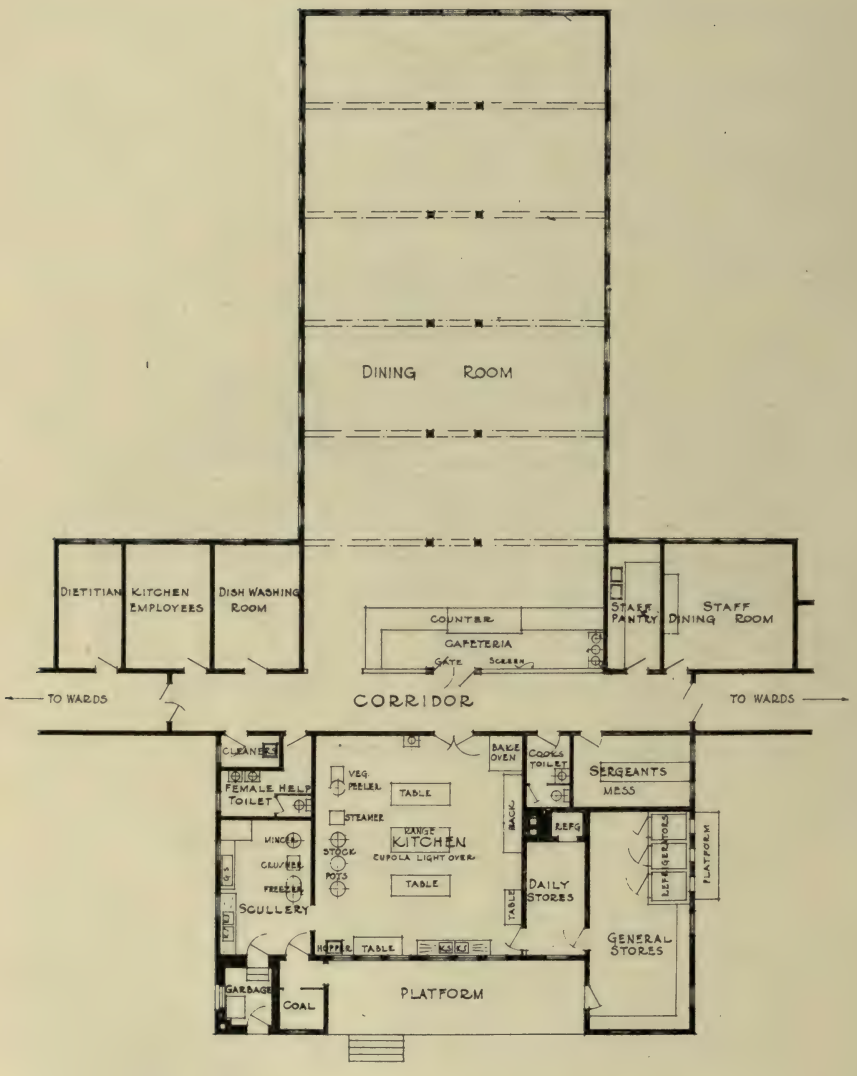


FIG. 6—MESS UNIT, FREDERICTON (N.B.) HOSPITAL.

Further study of the problem, however, suggested improvements which subsequently led to certain changes in the ward unit plan. The first development was incorporated in the next group of ward buildings erected at Camphill. (See Fig. No. 2.) Instead of the long ward, the floor space was divided into two self-contained wards of 37 beds each, with its full complement of nurses' and utility rooms, while the connecting corridor, instead of being at one end, was made to connect the units midway in their length. The advantages were manifest. The smaller number of patients in a ward made for better discipline and efficiency generally. This second plan was followed in some of the new wards at Cobourg and Ste. Anne de Bellevue. While very compact and workable, even this plan was found to be capable of improvement, and a third development was worked out. This last change made for economy, but it is still an open question whether it did not possess disadvantages sufficient to outweigh this feature. (See Fig. No. 3.) In this plan the nurses' and orderlies' rooms were left adjoining the ward, but all toilet and utility rooms were placed in a small separate building, a sort of enlargement of the through corridor. The chief improvement was in the farther removal from the wards of the odors from the diet kitchen, toilets, etc., but to offset this was the disadvantage of the distance the meals and other bed services had to be carried.

General Service Buildings.

One important feature of all the larger groups was the general service building, containing the kitchens with all accessory rooms, and dining-rooms. These buildings represented much study, and passed through several stages of development with each successive step making for a more workable and better systematized plan. The first was erected at the Davisville Hospital in North Toronto and consisted of a large kitchen containing the necessary equipment for preparing and cooking the food, and washing and sterilizing the dishes. The only additional rooms were for cold storage and garbage disposal. The main dining-room had a seating capacity equal to two-thirds of the total number of patients,

and adjoining were separate dining-rooms for nurses, orderlies, medical officers, etc.

At Fredericton and Ste. Anne de Bellevue this scheme was enlarged. (See Figs. No. 5 and 6.) The main kitchen contained only the ranges and other cooking equipment, while the food preparation, the bakery, dishwashing, refrigeration,

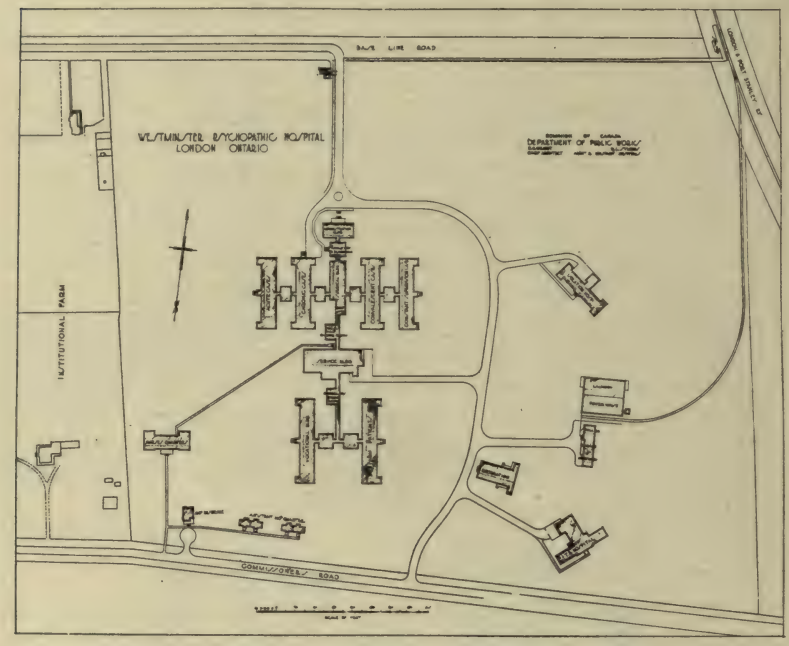


FIG. 7—BLOCK PLAN, PSYCHOPATHIC HOSPITAL, LONDON, ONT.

general stores, and garbage disposal had each a separate room opening off the main kitchen. As may be seen on the detailed plans, the main kitchen is lighted with clerestorey windows which provide excellent light as well as ventilation. The working equipment is of standard hotel heavy duty type, consisting of ranges, steam cookers, steam heated stock pots, steam tables, motor-driven vegetable peelers and food choppers, and for centres where the population exceeded 250, motor-driven dishwashing machines were installed.

The necessity of feeding a large number of men in a short time gave rise to the introduction of a cafeteria service. This innovation was first introduced at the Discharge Depots at Halifax and Quebec where all convalescents were cleared from inbound ships, as many as fifteen hundred patients being served at a single meal. The system worked so successfully here that it was thought wise to install it in some of the larger hospitals, such as Ste. Anne de Bellevue, where as many as seven hundred patients were often served.

At the larger centres refrigerating plants have been installed for cooling purposes and for the production of artificial ice. Also fully equipped steam laundries were provided, including steam sterilizers for bedding and clothing.

Medical and Surgical Departments.

The development outlined in the planning of the ward pavilions and service buildings also occurred in regard to the accommodation required for the various branches of medical and surgical work. As for instance, the laboratory department was originally housed in one room, but eventually the necessities of this department could only be met by the erection of a separate building. The same may be said of the accommodation for the dental service, X-ray, electrical treatment department and massage department.

The requirements consequent on research in these departments were developed so rapidly and were of such importance that in each case special rooms and equipment were found necessary, and subsequently each required a building for its own use.

Nor has the scientific equipment been neglected. On the contrary every department has been planned and outfitted along the most scientific lines known to the medical profession.

The surgical buildings contain, in addition to most up-to-date operating rooms, all the complementary rooms, such as preparation, sterilizing, X-ray, etc. There is also the necessary provision for the treatment of nose, ear and throat cases, and up-to-date dental suites. One of the most interesting features is the hydro-therapy department with its full comple-

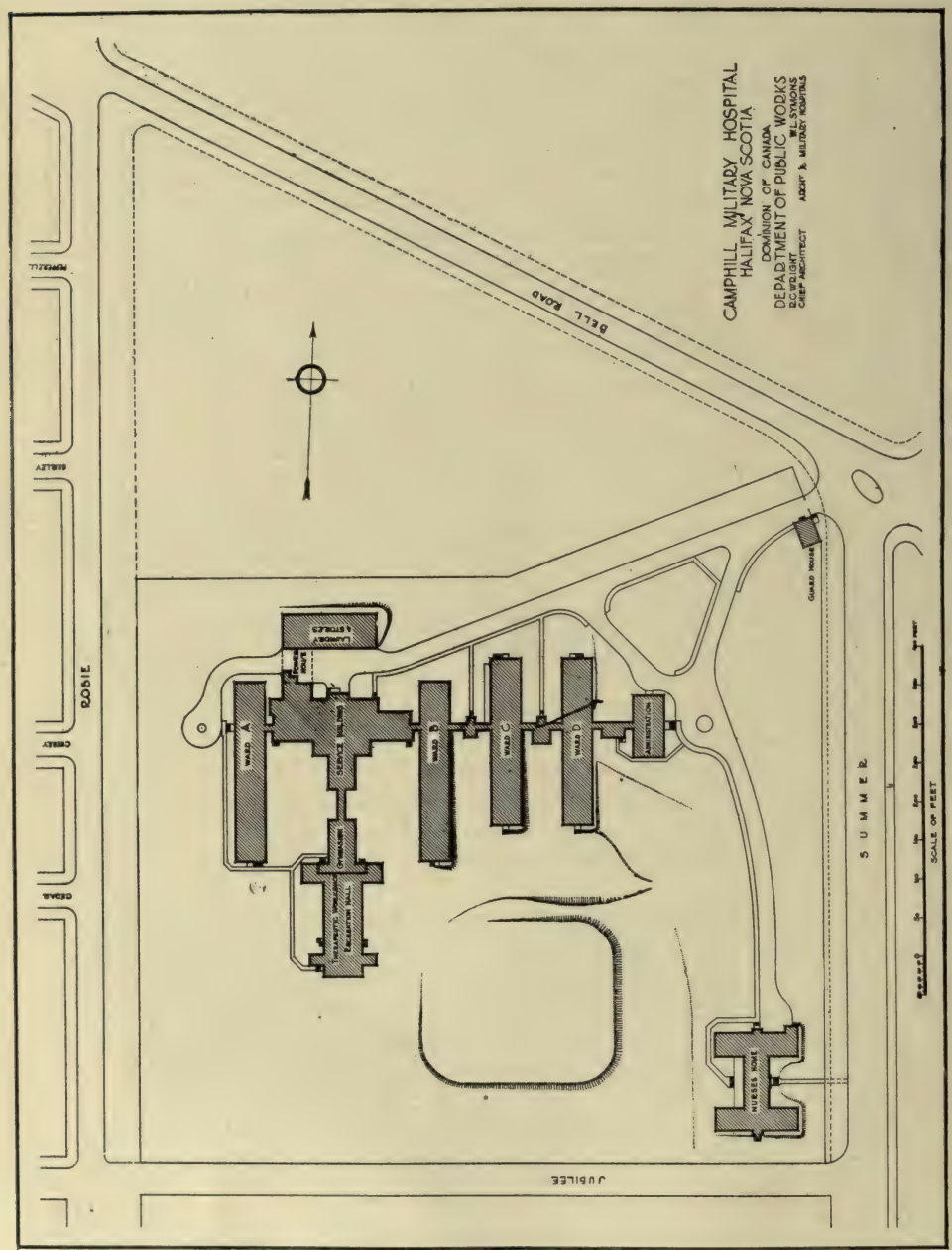


FIG. 8—BLOCK PLAN, CAMPHILL MILITARY HOSPITAL, HALIFAX, N.S

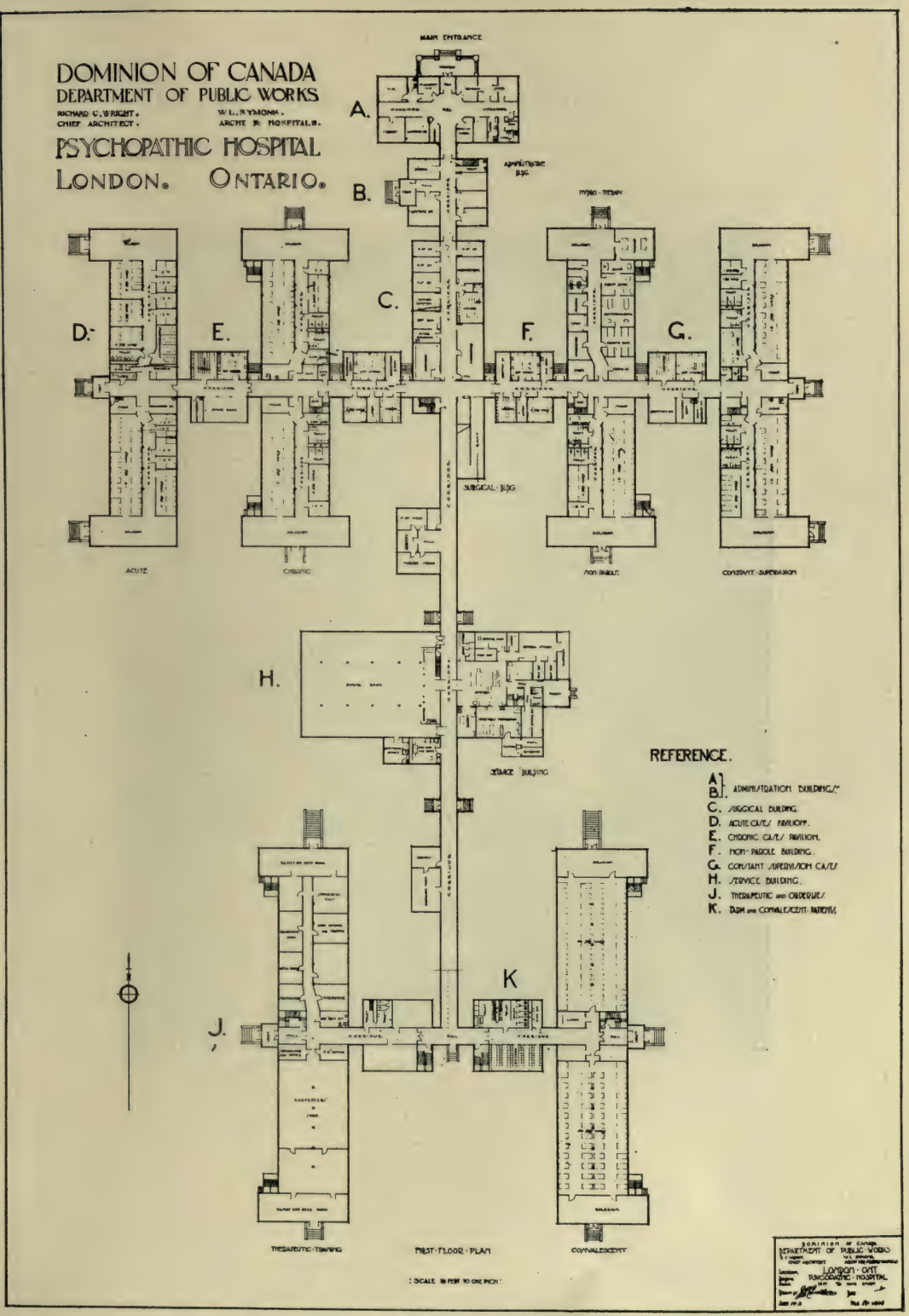


FIG. 9—FIRST FLOOR PLAN, PSYCHOPATHIC HOSPITAL, LONDON, ONT.



DINING ROOM, STE. ANNE DE BELLEVUE, P.Q.

ment of electrical, continuous hot and cold water and arm and leg baths. These rooms are immaculate in white tile, marble, and white enamel paint, and the equipment is the best that science has produced.

While endeavoring to evolve the best methods for restoring the health of the patient through modern equipment and efficient service, the thought was ever uppermost in the minds of all concerned as to their future welfare. This instituted what is known as the Vocational Branch under whose supervision was the work of industrial re-training and occupational therapy. This endeavored to reach beyond the physical aid and presented a two-fold value in that it aided recovery as well as equipping the patient for useful service after leaving the hospital.

Not the least interesting phase of the designing of these hospitals has been the grouping of the buildings. Every site, of course, presented its own problems, and the study given to the Block plan has contributed in no small degree to the successful working out of the schemes.

From the illustrations (see Figs 7, 8, 11) it will be noted that no two are alike, or even similar, while they all embody the same general requirements.

There is the main approach, with in most cases the guard house. Then the administration building around which the others are grouped, and in which accommodation is provided for the Officer Commanding and his staff, the matron, bursar, etc.; the service building containing the kitchen and dining-rooms, and the required number of ward buildings. The several units of this main group are all connected by corridors or covered ways, and then around this, conveniently placed on the site, are the homes for nurses, orderlies, medical officers, and at the larger centres a recreation building and vocational training building.

As the reader can readily realize, one big problem in our rigorous climate was that of heating, and the manner in which that problem has been overcome is one of the noteworthy features of these institutions. The buildings are all heated by steam supplied through tunnels from a central heating and power plant.

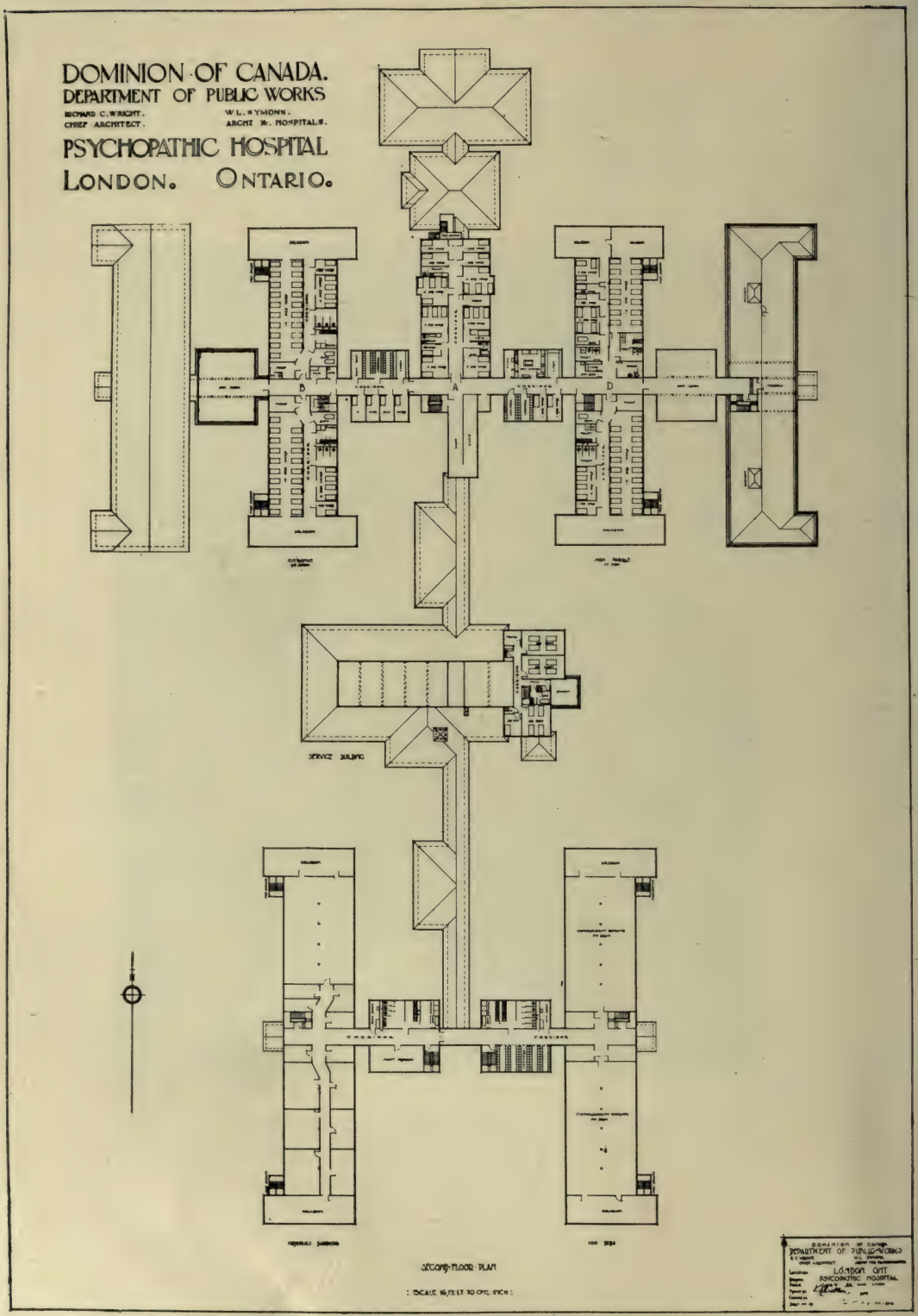


FIG. 10—SECOND FLOOR PLAN, PSYCHOPATHIC HOSPITAL, LONDON, ONT.

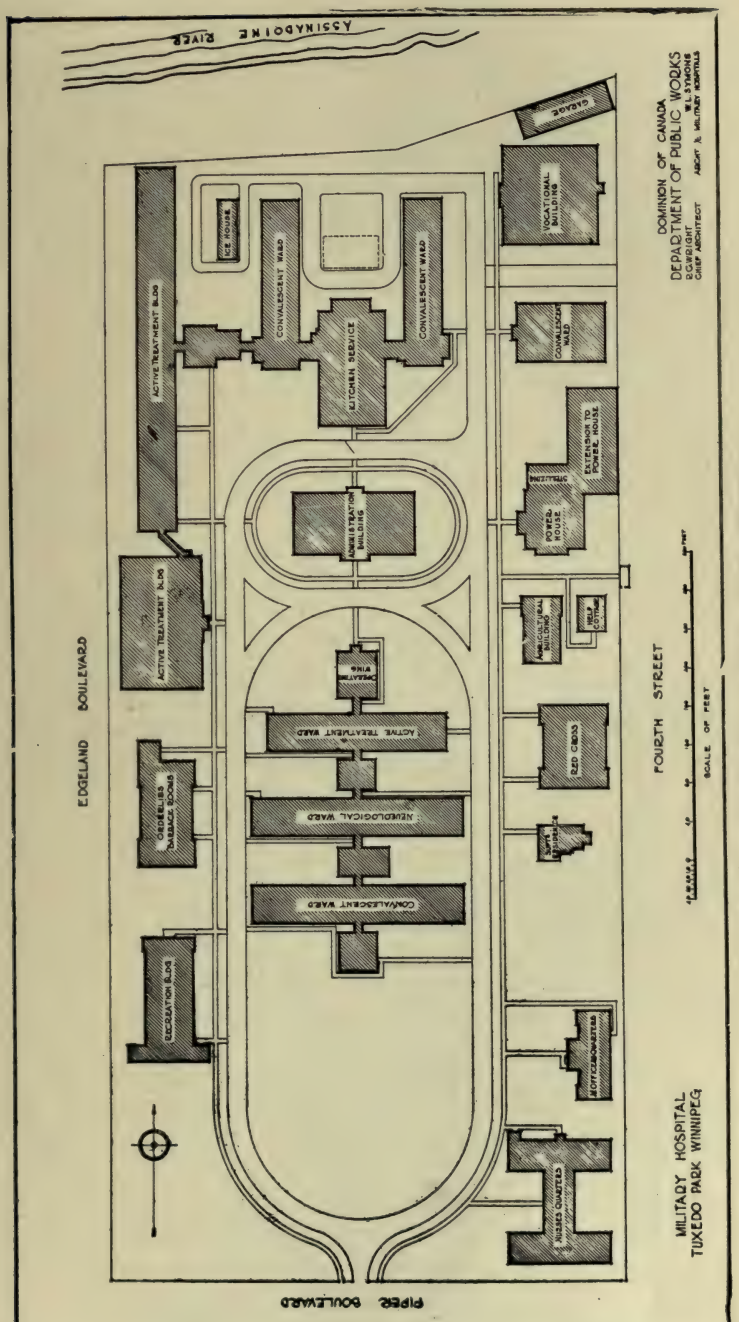
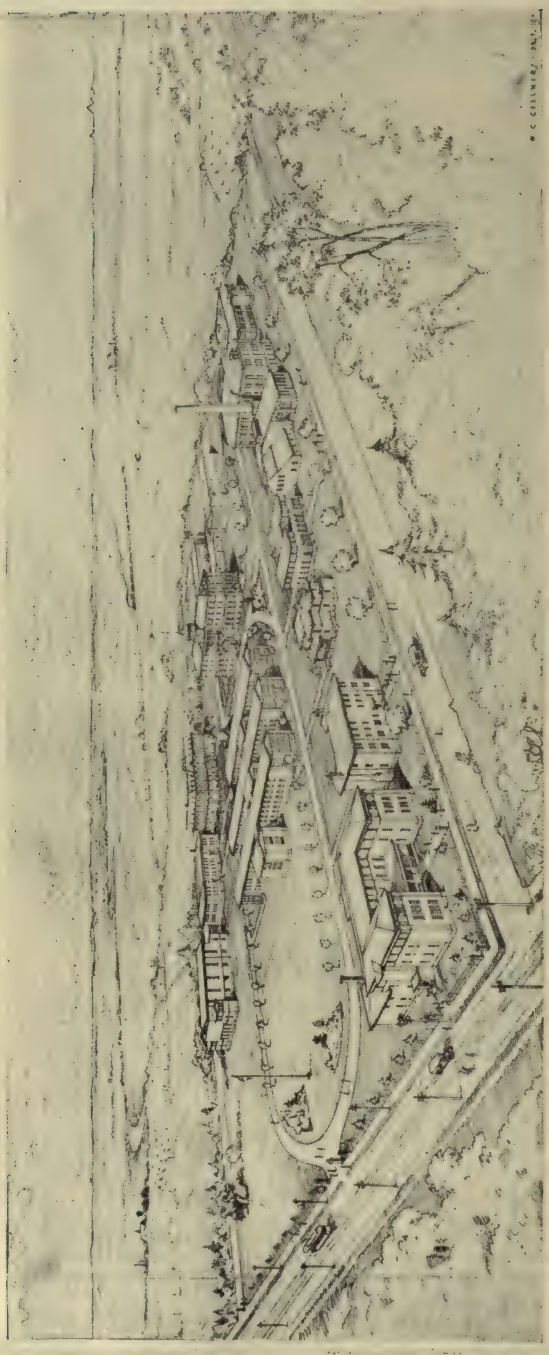


FIG. 11—BLOCK PLAN, TUXEDO PARK HOSPITAL.



TUXEDO PARK MILITARY HOSPITAL, WINNIPEG, MANITOBA.

To solve the fuel supply question an effort was always made to locate on or close to a railway siding. The most unique case is at Ste. Anne de Bellevue where the tracks are laid right over the coal bunkers. Then, too, there were other engineering problems. If the hospital was located within, or adjacent to a municipality having all the public utilities, the question of water, light, sewage disposal, etc., were simple; otherwise systems had to be installed in connection with the central heating plant.

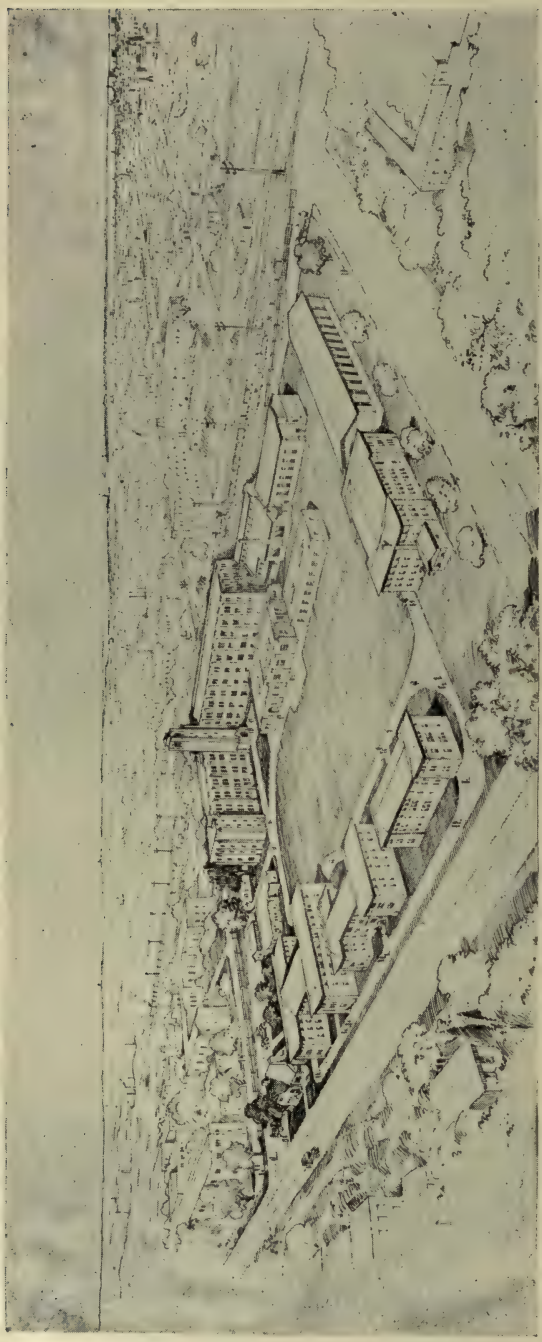
The esthetic has not been overlooked in the attempt to secure the best results, and the most possible has been made of the simple materials used. The color scheme in general use is as follows: In the wards the main walls are a light buff, with dado a deep buff and ceilings cream. In the utility rooms the woodwork is finished in dead white enamel, while the nurses' rooms are treated with various shades of sage green, light delf blues, etc. The kitchens and service rooms are finished in flat cream white, and dining-rooms generally in tones of sage green and brown.

The buildings erected at London for psychiatric work deserve a passing note. As this institution was to be permanent, a greater efficiency in planning was aimed at, and the plans evolved were made in consultation with experts in that particular work.

The Dominion Orthopedic Hospital in Toronto is also regarded as a permanent institution. The orthopedic cases not only receive treatment, whether surgical, electric or massage, but all appliances requisite for each separate case are made here. In planning the main hospital building the architects were in constant advice with experts in orthopedic work; the plan thus evolved will prove of interest to those specializing in orthopedic cases.

Besides the special accommodation for psychiatric work at London, and the orthopedic work at the Hospital in Toronto, accommodation was also provided at Ste. Anne de Bellevue for oral and facial cases.

The buildings required for the care of the tuberculosis patients call for a separate article, but it may be mentioned in



TORONTO ORTHOPEDIC MILITARY HOSPITAL.

passing that accommodation for 750 patients was erected by this department exclusive of the additional buildings erected in connection with the provincial sanatoria.

It is indeed gratifying to know that the design of the military hospitals has been so thoroughly worked out as to command the attention of other countries. Especially is it pleasing when one realizes that this large problem had to be solved in the western hemisphere without any precedent. Our friends to the south have more than once expressed their appreciation of Canada's work in this direction and frankly admit the value accruing to them from her painstaking efforts. This is due wholly to our early advent into the war which furnished the opportunity of demonstrating our ability to grasp a problem of such magnitude in a broad and wholesome manner.

The task demanded speed and thoroughness. It was not sufficient, in itself, to provide merely a shelter—the relation of the patient, food and treatment had to be considered with the fewest possible intervening motions. The site with its environment, its accessibility to friends and visiting physicians; its remoteness from disturbing influences; its privacy, was another potent factor. The impression conveyed by the appearance of the buildings as well as their general relation to each other was only another of the essential considerations. These, with many others made the matter in hand a stupendous undertaking and brings just credit to the Canadian people through the successful efforts of those upon whom this burden fell.

In other words, the military hospital work in Canada was a problem of its own, and very little assistance in its development could be obtained by studying the buildings in France or England, and the Americans were too late in the war to be of any service in this respect. They developed a one-storey hospital scheme when later it was realized that two-storey buildings were more adaptable on account of administration, maintenance and cost of erection, while in Canada the first pavilions erected were two storeys, and this scheme was carried out through the entire war time, the original plans only being altered from time to time as new requirements arose.



GYMNASIUM, TORONTO ORTHOPEDIC MILITARY HOSPITAL.



OPERATING ROOM, TORONTO ORTHOPEDIC MILITARY HOSPITAL.

Cost Per Patient's Bed.

The cost of the buildings per patient's bed in the hospitals was approximately $1,650, in this cost being included the pro rata portion of all buildings on the campus, and all utilities such as heat, light and water service, and also grading, road making and fencing. The cost of the hospital at London, on account of being of more permanent construction was about $2,500 per bed.

In regard to the cubic contents of the wards per bed, an average of 650 cubic feet per patient at least was maintained at all centres, and a window surface of 25 per cent. of the total wall space in each ward.

Some idea of the extent of the programme of military hospitals work may be obtained when it is realized that about $15,000,000 has been spent by the Government in this work, the bulk of the buildings being erected and equipped in the short space of eighteen months' time and that this work was carried on in over eighty different hospital centres in cities and towns throughout the Dominion.

Summary.

Considering the magnitude of the project and the manifold and varied problems entering into it, the erections of war time hospitals, especially in connection with the planning of the various departments, presents certain experiences which should have an important bearing on future hospital design in general. One of the most outstanding of these was constant changes in plan necessitated by the wonderful strides made during the war in all branches of hospital work itself. This was very noticeable in the X-ray and electrical treatment departments, and also the hydrotherapy and massage departments and equally noticeable in the application of the work of these branches to psychiatric work, and in a lesser extent to that for tuberculosis treatment.

The development in providing for the housing and treatment of infectious diseases should prove of interest and value, and also that for the venereal hospitals which were almost un-



RECREATION HALL, TORONTO ORTHOPEDIC MILITARY HOSPITAL.



X-RAY OPERATING ROOM, TORONTO ORTHOPEDIC MILITARY HOSPITAL.

known before this time, and consequently may be termed a war product.

The application of vocational training to mental and tubercular patients has necessitated considerable space being set apart for this important work, in some cases separate buildings being erected, while the provision of special gymnasia in connection with orthopedic hospitals has opened up an entirely new study.

The question arises as to how far it is desirable to erect expensive buildings such as five and six-storey fireproof structures, in view of the fact that the requirements in the various departments are far from being standardized. Even the question of ward planning is still a much discussed one among medical men. Some leading doctors quite firmly maintain that the erection of two or three-storey buildings of slow burning construction is to be recommended, so planned as to be easily and quickly altered to suit important changes which are subsequently found to be necessary and desirable. In fact it is now quite fully realized that the plant and equipment of mental and tubercular sanitariums erected even as recently as ten years ago, and carefully planned at the time, fail in a large measure to meet present hospital requirements, and on account of the initial cost of the original structures, which in most cases still bears heavily against them, the administrators of these buildings find it both difficult and costly to carry out alterations desired by the medical advisers.

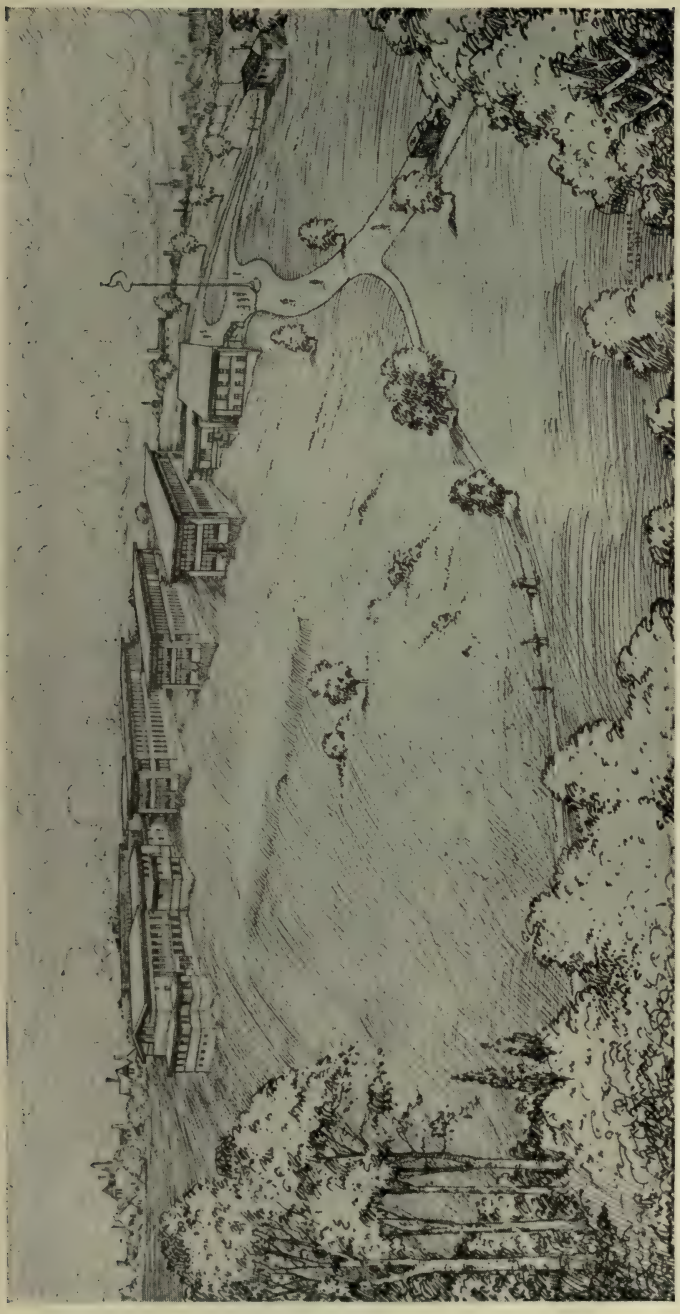
Consequently in the interests of economy and effective administration it would seem that the lesson to be learned from the erection of military hospitals in Canada is the suitability of two-storey and basement buildings for hospital work of all kinds. The low cost of $1,650 per bed for heavy wooden construction and $2,300 per bed for slow burning construction (this is war-time cost), combined with the ease and cost of administration if the buildings are properly placed in relation to each other, and the apparent low fire hazard as indicated by the fact that no loss of life or property damage from fire has been sustained during the time these hospital units have been in operation, all constitute arguments that favor large acreage for hospital sites and two or three-storey buildings.



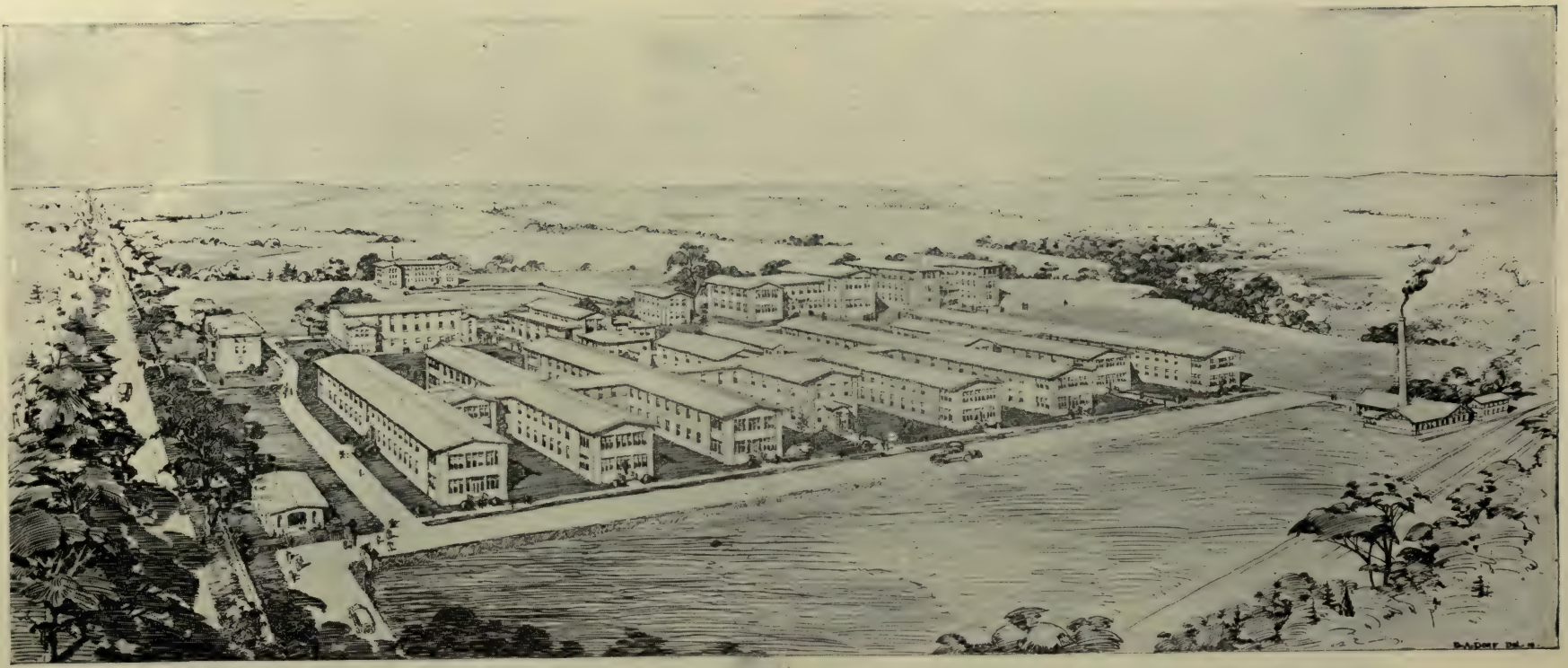
MASSAGE DEPARTMENT.



ARM AND LEG BATH AND CONTINUOUS BATHS, HYDROTHERAPY DEPARTMENT.



CAMPHILL, HALIFAX, N.S.



STE. ANNE DE BELLEVUE, P.Q.

Besides this there is another reason why these buildings should have considerable effect on future civic hospital planning and equipment, and that is the fact that they were erected, equipped and maintained out of Government monies and were thus not dependent upon civic or personal donations. Advantage was therefore taken of this fact, especially as regards equipment, to have the best that scientific research could devise or provide for the aid and recovery of the large number of patients receiving treatment. New standards have consequently been created both as regards planning and equipping which are at least revolutionary, and which will undoubtedly greatly influence all future work along these lines.

Very little loss, if any, will ensue in Canada chargeable against the expenditure of fifteen million dollars for military hospitals, as most of the buildings have been erected on permanent foundations and in such a manner as to admit of the future exterior facing of stone or brick to the upper storeys. Some hospital centres will be turned into military hospitals and barracks for the Permanent Force, others will be taken over for special work, such as mental hospitals for women and children, and altogether their planning, construction and equipment will demand that they be utilized for some good service.

In other words Canadian citizens have every reason to be grateful to find that after the "smoke of battle" they have such an unimpaired asset, in that these buildings besides fulfilling the needs of the purpose for which they were erected, have been so carried out as to enable them to successfully serve a more general use which in every way renders them of permanent value.

Canadian Hospitals

INCREASED COSTS

A MEETING of hospital workers was convened at the General Hospital recently. The object of the meeting was to formulate a request to the municipalities and the Ontario Government for increased assistance rendered necessary by the rapid advance in the cost of food, labor and equipment. The ultimate aim of the hospitals is to secure a sliding scale of per diem grants which will go up or down automatically as the cost of maintenance increases or decreases, but in the meantime the hospitals think that the municipal grant might be increased to $2 and the provincial grant to fifty cents per public ward patient per day. This would be an increase of seventy-five cents a day for the city and twenty cents for the Government.

The cost of maintaining public ward patients in the General Hospital only two years ago was $1.90 a day; last September it was $2.90, last year it averaged $3.44, and last month $3.80. The hospital last year took care of 18,000 public ward patients, who spent 215,000 days in the hospital. At $3.44 per day that meant an expenditure of $739,000. The present per diem grant was increased to $1.25 in 1916; before that it was increased from seventy cents to $1.00 in 1912 by special Act of Parliament, and before that time it was fifty cents a day for city public ward patients.

Mr. C. J. Decker, superintendent of the Toronto General Hospital, sent out for the meeting to-day seventy-eight invitations to the superintendents and representatives of hospitals, and most of them responded to the call, for all report that they are suffering in the same way as the local institutions. All the city hospitals were represented at the meeting this morning, and in addition St. Joseph's Hospital, Chatham; General and Marine Hospital in St. Catharines, Brantford General Hospital, Sarnia General Hospital, Galt General Hospital, Ottawa Gen-

eral Hospital, Welland County Hospital and Hamilton, London and Kingston Hospitals.

Mr. H. C. Tomlin, superintendent of the Western Hospital, said that the figures of the General as to costs applied pretty well to all the city hospitals. "It's not a very nice thing to have to go to the city all the time for these grants to make up deficits. It keeps the hospitals on the stingy side all the time."

While costs of maintenance have increased at St. Michael's Hospital the same as in other institutions, the per capita cost of public ward patients there has been kept down owing to the Sisters of St. Joseph giving their services free. The cost per capita in that hospital last year was only $2.21.

Made up Deficits.

Last year the city made up deficits for various hospitals as follows: Western, $14,000; Grace, $14,000; National Sanitarium, $22,000; Hospital for Sick Children, $55,000. In addition, a capital grant was made to the General Hospital of $150,000, but nothing for maintenance, although it is reported to have had a deficit of between $20,000 and $30,000.

The grants made to the hospitals since 1912 were as follows: 1912, $153,995; 1913, $241,811; 1914, $369,520; 1915, $577,944; 1916, $445,755; 1917, $466,875; 1918, $643,618; 1919 (est.), including special grants, $629,549.

Included in the civic estimates last year were deficits which the city made up as follows. In addition to paying the per diem grant per patient of $1.25; Hospital for Sick Children, $40,000; General, $16,000; Western, $5,000; National Sanitarium, $15,000; Grace, $4,800; Hospital for Incurables, $16,000; Wellesley (refund of taxes), $7,749. The sanitarium received from the Government $3.00 a week instead of the per diem allowance.

"The hospitals must receive more revenue from some source," said Dr. H. L. Brittain, who was superintendent of the General Hospital pro tem., to the *Star*. "A small hospital whose inmates are three-quarters pay patients would pay, but at the General only one-quarter are private wards. That is what makes it so difficult.

At St. Michael's Hospital it was stated that the figures given out by Mr. Decker were a fair representation of the costs of all the Toronto Hospitals. Wages have increased, according to Mr. Decker's figures, from 23 to 194 per cent. since 1917. The figures are as follows.

Butcher, 1917, $58; 1920, $85; increase 46 per cent. Carpenters (foreman), 1917, $75; 1920, $105; increase 40 per cent. Clerks (acct. office), 1917, $64; 1920, $80; increase 25 per cent. Chief engineer, 1917, $125; 1920, $175; increase 40 per cent. Chef, 1917, $90; 1920, $120; increase 33 per cent. Clerks (X-ray), 1917, $45; 1920, $61; increase 35 per cent. Cleaners, 1917, $29; 1920, $38; increase 31 per cent. Domestic, 1917, $18; 1920, $27; increase 50 per cent. Dispensary dept., 1917, $77; 1920, $125; increase 62 per cent. Elevator operators, 1917, $30; 1920, $40; increase 33 per cent. Engineers, 1917, $70; 1920, $95; increase 35 per cent. Electricians, 1917, $75; 1920, $95; increase 26 per cent. Firemen, 1917, $65; 1920, $80; increase 23 per cent. Gardeners (foreman), 1917, $65; 1920, $95; increase 44 per cent. Gardeners (asst.), 1917, $39; 1920, $50; increase 28 per cent. Garbage men, 1917, $27; 1920, $38; increase 40 per cent. Helpers (boiler rm.), 1917, $60; 1920, $70; increase 16 per cent. Kitchen help, 1917, $18; 1920, $45; increase 150 per cent. Laundry help, 1917, $17; 1920, $50; increase 194 per cent. Nurses (head), 1917, $50; 1920, $65; increase 30 per cent. Orderlies, 1917, $27; 1920, $43; increase 58 per cent. Porters (kitchen), 1917, $37; 1920, $50; increase 35 per cent. Porters (hall), 1917, $30; 1920, $40; increase 33 per cent. Painters (foreman), 1917, $75; 1920, $100; increase 33 per cent. Painters (asst.), 1917, $35; 1920, $45; increase 28 per cent. Plumbers, 1917, $70; 1920, $95; increase 35 per cent. Registrar's dept., 1917, $35; 1920, $51; increase 46 per cent. Residence (kitchen help), 1917, $18; 1920, $29; increase 61 per cent. Receiving clerk, 1917, $55; 1920, $95; increase 73 per cent. Seamstresses, 1917, $25; 1920, $35; increase 40 per cent. Telephone operators, 1917, $43; 1920, $60; increase 39 per cent. Watchman (night), 1917, $36; 1920, $55; increase 53 per cent.

Food Has Advanced.

Food in the same time has gone up from six to 300 per cent. the figures being as follows:

Spinach, 1917, $8.50; 1920, $9.50; increase 11 per cent. Tomatoes, 1917, $1.69; 1920, $1.90; increase 12 per cent. Beans, 1917, $1.30; 1920, $2.07½; increase 59 per cent. Pears, 1917, $1.30; 1920, $2.02½; increase 34 per cent. Peaches, 1917, $1.75; 1920, $3.60; increase 106 per cent. Strawberries, 1917, $2.45; 1920, $4.85; increase 98 per cent. Pears, 1917, $1.90; 1920, $4.05; increase 113 per cent. Plums, Lomb., 1917, $1.00; 1920, $3.00; increase 200 per cent. Plums, green, 1917, $1.70; 1920, $3.30; increase 88 per cent. Apples, 1917, $3.65; 1920, $6.00; increase 64 per cent. Marmalade, 1917, $2.40; 1920, $2.90; increase 20 per cent. Marmalade, 1917, 16c; 1920, 21c; increase 31 per cent. Raspberry jam, 1917, 66c; 1920, $1.05; increase 59 per cent. Peach, 1917, 71c; 1920 88c; increase 24 per cent. Strawberry, 1917, $2.90; 1920, $4.50; increase 55 per cent. Pillow cases, 1917, $3.25; 1920, $5.50; increase 63 per cent. Raspberry, 1917, $2.80; 1920, $4.25; increase 51 per cent. Asst. jams, 1917, 13½c; 1920, 17½; increase 30 per cent. Catsup, 1917, $7.00; 1920, $10.50; increase 50 per cent. Evap. apricots, 1917, 15c; 1920, 35c; increase 130 per cent. Evap. peaches, 1917, 14½c; 1920, 25½; increase 78 per cent. Prunes, 1917, 12½c; 1920, 18½c; increase 50 per cent. Raisins, 1917, 10½c; 1920, 19½c; increase 90 per cent. Uniform mat., 1917, 15c; 1920, 50½c; increase 260 per cent. Sheets, 1917, $11.25; 1920, $33.60; increase 198 per cent. Blankets, 1917, $5.50; 1920, $11.15; increase 102 per cent. Cotton towels, 1917, $2.75; 1920, $4.00; increase 52 per cent. Check towelling, 1917, 18c; 1920, 38½c; increase 111 per cent. Flour, 1917, $7.63; 1920, $13.45; increase 76 per cent. Rolled oats, 1917, $2.40; 1920, $5.00; increase 108 per cent. Rice, 1917, 05⅞c; 1920, 13½c; increase 160 per cent. Potatoes, 1917, $1.40; 1920, $4.00; increase 186 per cent. Lettuce, 1917, 25c; 1920, 35c; increase 40 per cent. Lettuce, head, 1917, $1.00; 1920, $2.25; increase 125 per cent. Parsnips, 1917, 90c; 1920, $2.00; increase 122 per cent. Onions, 1917, $1.75; 1920, $7.00; in-

crease 300 per cent. Cabbage, 1917, $1.50; 1920, $5.00; increase 233 per cent. Carrots, 1917, 65c; 1920, $2.00; increase 207 per cent. Soap, toilet, 1917, $1.10; 1920, $3.00; increase 172 per cent. Soap, chips, 1917, 13c; 1920, 20c; increase 53 per cent. Soap, laundry, 1917, $3.30; 1920, $9.25; increase 180 per cent. Soap, linseed oil, 1917, 10c; 1920, 13½c; increase 30 per cent. Absorb. cotton, 1917, 23½c; 1920, 58c; increase 152 per cent. Adhes. plaster, 1917, $1.05; 1920, $2.00; increase 98 per cent. Bellevue gauze, 1917, $11.30; 1920, $17.10; increase 51 per cent. Non-absorb. cotton, 1917, $8.00; 1920, $10.73; increase 34 per cent. Rubber gloves, 1917, $8.10; 1920, $9.90; increase 22 per cent. Alcohol, 1917, $5.61; 1920, $8.75; increase 56 per cent. Whiskey, draft, 1917, $2.60; 1920, $3.60; increase 38 per cent. Champagne, pints, 1917, $21.00; 1920, $27.00; increase 28 per cent. Brandy, 1917, $6.00; 1920, $10.00; increase 66 per cent. Sherry, 1917, $2.25; 1920, $6.70; increase 197 per cent. Electric lps., 25w, 1917, 24c; 1920, 29c; increase 21 per cent. Turpentine, 1917, 78c; 1920, $2.35; increase 201 per cent. Gasoline, 1917, 30c; 1920, 34c; increase 13 per cent. Floor wax, 1917, 30c; 1920, 43c; increase 43 per cent. X-ray plates —6½ x 8½, 1917, $1.34; 1920, $1.80; increase 35 per cent. 8 x 10, 1917, $1.94; 1920, $2.55; increase 31 per cent. 10 x 12, 1917, $3.40; 1920, $4.38; increase 28 per cent. 11 x 14, 1917, $4.85; 1920, $6.17; increase 27 per cent. 14 x 17, 1917, $7.27; 1920, $9.57; increase 33 per cent. Shrouds, 1917, $4.75; 1920, $9.75; increase 105 per cent. Doctors' suits, 1917, $48.00; 1920, $75.00; increase 60 per cent. Ward nightgowns, 1917, $9.50; 1920, $24.00; increase 152 per cent. Tabling, 1917, $1.35; 1920, $4.00; increase 196 per cent. Nurses' collars, 1917, $1.40; 1920, $2.80; increase 100 per cent. Gauze, 1917, $2.20; 1920, $6.75; increase 207 per cent. Beef, 1917, 13c; 1920, 20c; increase 54 per cent. Lamb, 1917, 20c; 1920, 28c; increase 50 per cent. Veal, 1917, 16c; 1920, 28c; increase 75 per cent. Tenderloins, 1917, 35c; 1920, 43c; increase 36 per cent. Bacon, 1917, 36c; 1920, 38c; increase 6 per cent. Cooked ham, 1917, 40c; 1920, 47c; increase 18 per cent. Chickens, 1917, 22½c; 1920, 35c; increase 59 per cent.

Ducks, 1917, 28c; 1920, 40c; increase 43 per cent. Turkeys, 1917, 27c; 1920, 59c; increase 116 per cent. Milk, 1917, 24c; 1920, 38c; increase 58 per cent. Cream, 1917, $1.20; 1920, $1.80; increase 50 per cent. Butter, 1917, 31¾c; 1920, 67c; increase 116 per cent. Eggs, 1917, 40c; 1920, 85c; increase 112 per cent. Cheese, 1917, 24c; 1920, 31c; increase 28 per cent. Klim (milkstock), 1917, 18c; 1920, 31c; increase 72 per cent. Oleomargarine, 1917, 32c; 1920, 37c; increase 15 per cent. Tea, 1917, 32½c; 1920, 53c; increase 65 per cent. Coffee, 1917, 22c; 1920, 40c; increase 82 per cent. Cocoa, 1917, 23c; 1920, 32c; increase 39 per cent. Sugar (gran.), 1917, $7.00; 1920, $14.71; increase 110 per cent. Sugar (yellow), 1917, $8.09; 1920, $14.31; increase 76 per cent. Bread, 1917, 11½c; 1920, 17c; increase 54 per cent.

Other advances are in surgical instruments, stationery supplies, telephone and gas rates, hardware, plumbing material, enamelware, paints, oils and glass, from ten to fifteen per cent. There have also been increases in dishes of forty per cent., in colors, varnishes and enamels of twenty-five per cent., and in lumber of fifty per cent.

HOSPITAL FIRE IN OTTAWA

Two lives were lost in a fire which broke out at an early hour on May 13th in Dr. Hagar's Maternity Hospital, Ottawa. The victims were both patients and they met death by smoke suffocation. All the babies were taken out by the nurses. The hospital—a three-storey brick structure—situated at the corner of Elgin and Somerset streets, was fully occupied at the time of the fire.

An investigation was made as to the origin of the fire, and it is stated steps will be taken to prevent such an occurrence elsewhere, by seeing to it that proper outside fire escapes are installed in every building where the sick are housed.

The fire chief stated that, in his opinion, the fire was due to defective wiring.

ONTARIO HOSPITALS FORM NEW ORGANIZATION

The Ontario Hospital Association, an organization composed of fifty-five hospitals, has been formed. It is planned to issue literature to educate the public as to what hospitals are doing for the public. Barry Hayes, of the Toronto Carpet Co., has been elected President. C. J. Decker, of the Toronto General Hospital, has been appointed secretary-treasurer.

A central purchasing agency will be formed for all hospitals. Closer co-operation in the future is advocated. It is the aim of the hospitals to purchase materials cheaper by standardizing such things as towels, sheets and buying large stores of coal, sugar, flour and jams, etc.

NURSES GRADUATE AT ST. MICHAEL'S HOSPITAL

The graduating exercises of the 1920 nurses' class at St. Michael's Hospital, Toronto, were held on May 8, with Dr. McKeown in the chair. Archbishop McNeil presented the medals and diplomas. Those invited to address the class were Mayor Church, Rev. Father Cline, Dr. E. E. King, Dr. Glover, Controller Gibbons, Rev. Father Bench, Dr. Loudon and Dr. Guinane. The thirty-one graduates are: Misses Ann Sargent, Aileen O'Connor, Mae Brennan, Hazel Cunningham, Marguerite Manley, Elma Purtle, Mary Moreau, Julia Kerr, Florence O'Rielly, Cecilia Ryan, Marie McEnaney, Gertrude Heck, Mary Leonard, Harriet Grogan and Ethel Crocker, all of Toronto; Marie Barry, Loretto; Bessie Carey, Grafton; Helen Brosnan, Kearney; Eva Hacker, Cobalt; Isabel McGurn, Marysville; Mary Teresa Missiaen, Cobourg; Esther Pigeon, Stratford; Sophia Searson, Hyndford; Margaret Sullivan, Arnprior; Mary Madigan, Port Credit; Catherine O'Donnell, Copper Cliff; Emily McCarron, Guelph; Loretto O'Connor, Gananoque; Kathleen Sweeney, Moncton, N.B.; Susan Brisbois, Cache Bay; Helen McGrath, Atherley.

DR. D. A. CRAIG GOES TO HALIFAX POSITION

Dr. D. A. Craig, formerly Medical Superintendent of Queen Alexandra Sanatorium, London, and later consultant in diseases of the chest for Military District No. 1, left London early in May to accept an important post at Halifax as Medical Consultant on the staff of the Massachusetts-Halifax Health Commission. Dr. Craig has been prominent in the social life of London, and he has achieved a high position in the medical profession in London and Western Ontario. He is Vice-President and former Secretary of the West Ontario Academy of Medicine, which he was instrumental in organizing. His services during the war as consulting physician in tuberculosis for the A.M.C. of Military District No. 1 merited official commendation. Recently he was offered a fellowship in the American College of Physicians.

NEW HOSPITAL FOR SAULT STE. MARIE

"Lynnhurst," the beautiful home of the late W. H. Plummer, has been presented by the Plummer estate to the Algoma Benevolent Hospital Association, Sault Ste. Marie, Ont., for conversion into a hospital, to be known as the Plummer Memorial Hospital. The property is valued at $30,000.

VOLUNTARY BRITISH HOSPITALS

At a public health meeting in Oxford, Eng., as reported in the *Scotsman,* Sir Arthur Stanley, Chairman of the Joint Committee of the British Red Cross and the Order of St. John, said the finest legacy the war had left us was the new spirit there was in all kinds of public work, especially public health work. There were people who thought hospitals should no longer be a charge on voluntary effort, but should be put on the rates. Would it be a really good thing that the voluntary system should come to an end? He said emphatically "No." It would be a disaster to the country if that magnificent system of hospital treatment, which had grown up voluntarily, were allowed to die

down for want of support. He believed if they took the people in the right way and interested them, it was just as possible to get financial support for the hospitals now as it was for military and auxiliary hospitals during the war. It was almost impossible to get exact figures, but something under ten per cent. of the whole population subscribed in any way to the hospitals at present. He looked to the State for some support, but infinitely more to the public. He looked forward to the most harmonious working of the State and the voluntary workers, who had done good service during the war, and were just as willing to do it in future.

HOSPITAL FINANCE

The following letter appearing in the *Edinburg Scotsman* gives one an idea of some of the difficulties old country hospital authorities have.

Sir.—The appeal by the Lord Provost of Edinburgh for funds in aid of the Royal Infirmary appears to-day, and many other hospitals throughout the country are making similar appeals, as has been shown by the requests made on behalf of St. Bartholomew's and Guy's Hospitals in London.

But, sir, it appears to me that the time has arrived when we must reconsider the whole economic position of hospital finance and administration in the light of present-day wages, especially the wages received by Labor as compared with the salaries of the professional and middle classes.

In the first place, there can be no doubt that a very large proportion of those who receive absolutely free the benefits of the Royal Infirmary are quite able to contribute a sum towards its maintenance, which in the aggregate would be very considerable, and not infrequently many of those attending to the patients (I do not mean students) are earning less than is coming into the houses from which the patients are brought.

If Labor is to acquire the position it demands in the political economy of the nation it must also accept its burdens and responsibilities; but Labor seems determined to acquire all it can and give nothing in return, as witness the wholesale attempt to

evade payment of income-tax, the restriction of output in order to keep up wages, to the detriment of the country's wealth, the limitation of the number and restriction as to age of apprentices, and the exclusion of ex-service men from workshops, all for its own selfish ends, regardless of the tyranny and its tragic cruelty. There is another point. The great majority of the people who receive benefit from the Royal Infirmary are people who never contribute, although now able to do so; whereas the people who are asked to contribute, and do give, seldom get or ask for its skill and shelter. These are the people who live in the so-called middle-class houses, and who, with present-day rates and taxes, are in truth the poor of the community.

Let the canvassers by all means get what they can from the small villa residenters, but let them also call on the great factories, the workshops, and wealthy shipyards.

Further, I would suggest that in all cases, except the very poorest, a levy of, say 10s. per week should be made on all patients occupying beds in the Infirmary; that the out-patients should be asked to contribute; and that practically all the side rooms should be set apart for patients paying a much higher charge. I shall be told that the Royal Infirmary is a teaching school, and that material will not be available if this plan be adopted. I do not agree. The practice is carried out in Canada and in our Colonies, and has been found eminently satisfactory and equitable.

We cannot have voluntary charity on the same scale as formerly, when the burden of compulsory charity (?) is so great. The old order changeth, and our economic conditions must change likewise, if we are to continue the beneficent work of these noble institutions; and those who benefit must contribute. I am, etc.,

A Practitioner of Medicine.

Planning to raise from $75,000 to $100,000 with which to rebuild Essex County Tuberculosis Hospital, Kingsville, Ont., burned down early in May, the Daughters of the Empire will institute a campaign in the county from May 31 to June 5. The Chamber of Commerce and other organizations will co-operate.

Book Reviews

A Nurse's Handbook of Obstetrics. By Joseph Brown Cooke, M.D., fellow of the New York Obstetrical Society, 9th Edition, revised and enlarged, by Carolyn E. Gray, R. N., Superintendent of City Hospital School of Nursing, Blackwell's Island, and Philip F. Williams, M.D., Instructor in Obstetrics, School of Medicine, University of Pennsylvania. 189 illustrations and four full page in color. Philadelphia and London. J. B. Lippincott Company.

A very instructive book. Opposite the title page in color one sees every step of how to dress the umbilical cord illustrated. The photographs of the child in delivery commencing as soon as the head presents are better than hours of verbal description—oral or written. Pictures of the doctor examining the placenta, and inducing artificial respiration; pictures of spina bifida, ophthalmia neonatorum (colored), stools (colored), massaging the breast, giving saline infusions, inflating the cervix with Barne's bag, passing catheter; these and many other illustrations are most informative to the young nurse and medical student. The text is presented concisely and plainly and appeals to us as one of the best works for nurses we have had the pleasure of examining.

Hospital Jock: Tales of the Malta Hospitals by Albert G. MacKinnon, Major-Chaplain, Senior Presbyterian Chaplain in Malta during the period of the war. London: 38 Soho Square, W. I. W. & R. Chambers, Limited, Edinburgh: 339 High Street.

This series of sixteen capital stories opens with Jock's neebors. Jock was a patient in hospital. His first neebor was one Graham from Kilmachie, whose vessel was blown to pieces by a torpedo which "glided into oor compairtment something verra like a shark," burst and smashed things awfully. "Chairs an'

bits of tables were dashed aboot in the swirl." The cabin filled with the sea rushing in. Jock couldna swim, but was floated up to a sma' opening through which the smashed furniture was trying to scramble oot. As he squeezed through he did a verra mean thing, which he divulges later. He struggled up the companion wey swallowin' water, choking an' giein' himself up for lost, when a haund gripped him and got him into a boat; but, horrors! it was drawn into the thrashing propeller blades and smashed to bits, the occupants being thrown violently into the churning sea. Jock escaped the devouring suction. He had no life belt—a lucky thing, as it enabled him to escape through the sma' hole in the ceiling of his cabin and made him such an object of pity that the skipper pulled him into a life boat more dead than alive.

"Ye're gey hard to kill," was Jock's consolation. "If the torpedo an' propeller failed to dae for ye, I'm thinkin' ye'll get through the doctor's haunds a'richt. Ye'll no be frae verra far north?"

"Kilmachie," replied Graham, "if ye ken whaur that is, an' its whaur I wud like to be the noo."

"Wi' some bonnie lassie, I'll wager."

"Maybe, only man, my conscience is no richt. I never thocht afore it could gie a man sae muckle trouble."

"What hae ye been daein'?"

"No playin' the game. That's hoo best to put it."

"Fechtin?"

"Na; coortin. I hae ta'en a mean advantage an' noo that I hae won I wud raither hae lost in a clean contest."

Graham with his bandaged heid turned over in bed and tried to go to sleep. But no. Later on in the night he called to Jock, who was lying awake, that he had made his wull. "There's no fear o' yer dien," said Jock, "it's only those wha forget aboot wulls that are taken sudden like. That's hoo the lawyers thrive; they maun hae a secret compact wi' the deil to tak' the wull-less ones first, an' gie those left something to quarrel ower."

Graham then told Jock that he had left his property—a nice farm—to one Dugald M'Callum. They had been lads

thegither and both had fallen in love with bonnie Mary M'Millan. This led to a fall oot. M'Callum was poor, but handsome. Graham was prosperous, but as his rival told Mary, had such awfu' nose and ears. This was the last straw for Graham.

They both enlisted and never spoke to the ither until they discovered each ither on the ill-fated transport.

Graham continued: "He was lying in a hammock no five yairds frae me when the torpedo struck us. I saw him tumble intil the water juist behind me; an' when I was fetching my wey up to the opening I felt the grip of his haund. I micht hae pulled him oot, but I thocht what a puir time Mary wud hae if fool enouch to marry a man wi'oot a penny, sae, to save her—an' oot o' a bit o' revenge, I gied him a veecious kick that sent him under, an' he never rose again. If I met Dugald in the next warld I wud like to be able to tell him I'd done the best for him."

"I understand," responded Jock. "Noo, gang to sleep; an' dinna fash yersel' aboot the wull."

For the wonderful sequel to this interesting yarn and the perusal of the ithers, the reader is referred to Chambers Co. mentioned in paragraph I.

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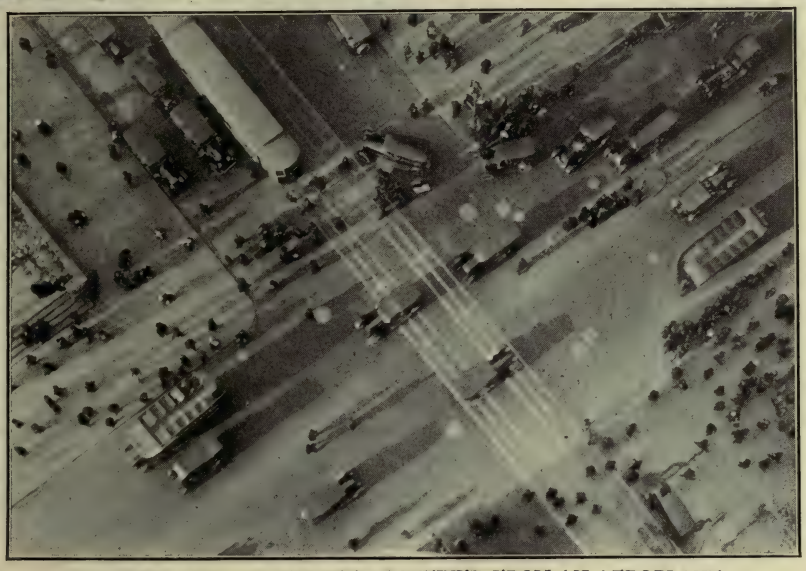
The women of the Province of Ontario are said to be contemplating an attack on the cigarette, with a view to legislating it out of existence. Little support will be forthcoming for such a crusade. Canada's returned soldiers regard the cigarette as indispensable, and the official organ of the Great War Veterans says in a recent issue:—"The moderate use of tobacco is harmless. It is a habit which is indulged in by most red-blooded men." The cigarette is the purest form in which tobacco can be smoked.

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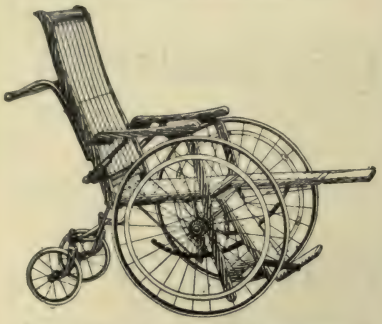
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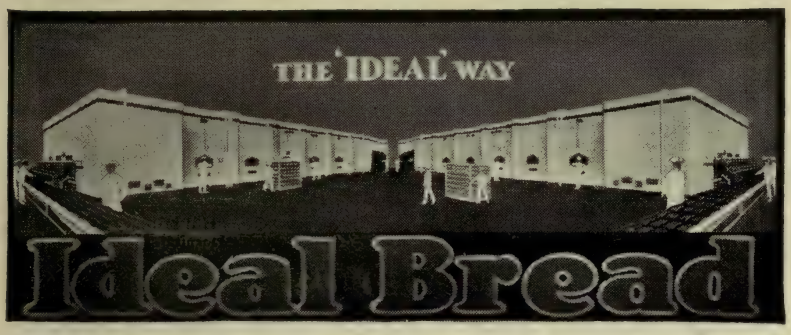
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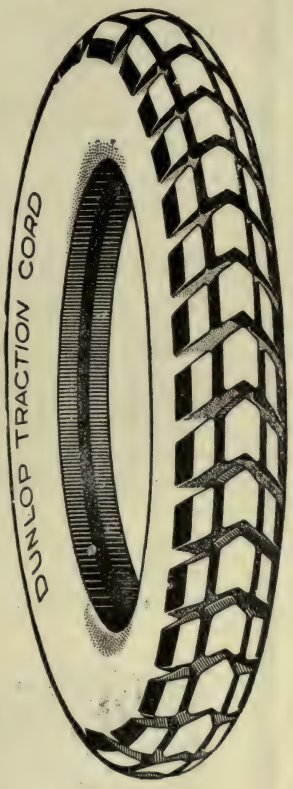
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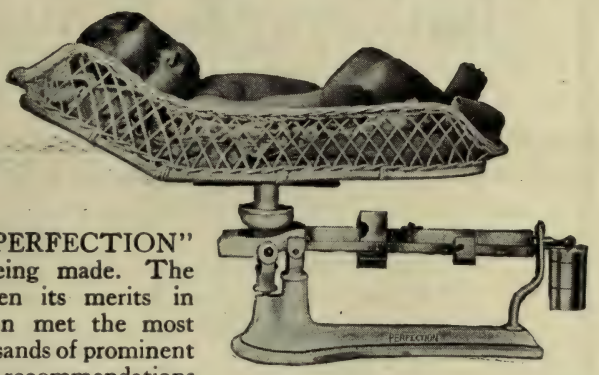
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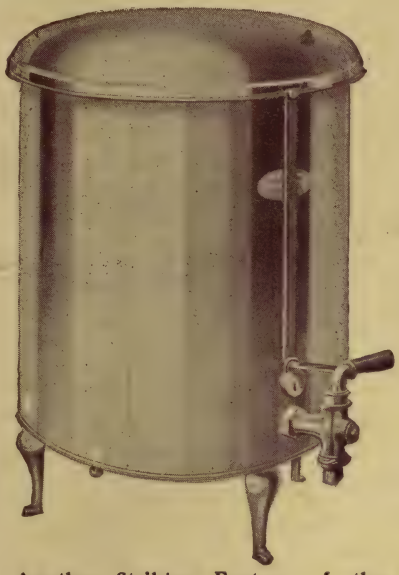
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Vol. XVIII Toronto, August, 1920 No. 2

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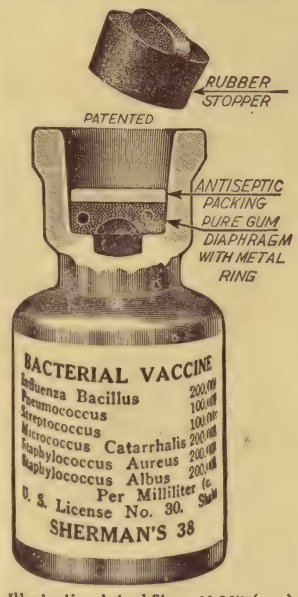


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In view of troublesome cases of Glossitis and other mouth conditions that Physicians frequently meet with, due directly to the use by infants of "Soothers" manufactured from rubber compounds containing impurities, Physicians should note that the **"Aristo"** and **"Empire"** Jelly-Filled "Soothers" sold by us are:



1. Absolutely free from any and every deleterious substance.
2. Are made of pure transparent rubber.
3. Are Tasteless, Odorless and Non-Collapsible.
4. Are manufactured under the most sanitary conditions.

We will appreciate exceedingly the co-operation of the Medical Profession, who can rest assured that we will use every possible effort to turn out goods worthy of their endorsement.

THE PEERLESS RUBBER COMPANY, LTD.
Carlaw and Eastern Avenues - - Toronto

Are you acquainted with CELLUCOTTON?

The Perfect Absorbent

Manufactured by Kimberly Clark Co.

A large sample of this wonderful absorbent will be sent to the Hospital Executive who promptly returns the coupon below. A test will show you the economy and efficiency of Cellucotton.

See also our advertisement on page v.

Exclusive Selling Agents

Lewis Manufacturing Co.

Walpole, Mass., U.S.A.

New York Chicago Cleveland Atlanta Philadelphia Kansas City San Francisco

H.W. 9

LEWIS MANUFACTURING CO.,
Walpole, Mass. Date.....

I want to examine CELLUCOTTON and see for myself just how it can save money for me. Please send me a sample. I have checked other CURITY products in which I am also interested.

BANDAGES ABSORBENT GAUZE SHEETS SHEETINGS
BANDAGE ROLLS ABSORBENT COTTON PILLOW CASES

Name..... Position.....

Institution..... Street.....

City..... State.....

H. W. 9

To the Oculist

After over twelve years as an Optician with

The T. Eaton Co., Ltd.

I have opened a fully equipped Optical Parlor at 698 Yonge St., where with the latest automatic machinery for edging lenses and my long experience in fitting glasses, I can guarantee your patients quick and accurate service in filling your prescription.

ROBERT S. WHITE
Prescription Optician
698 Yonge Street - Toronto



20th Century Physician

has at his elbow the knowledge, experience and discoveries of the ages to assist him in the alleviation of the ills of mankind. Nevertheless, he knows that modern medicine has produced remedial agents that in every respect far surpass anything discovered hitherto.

Especially in the treatment of chronic intestinal stasis he has learned through experience of an unvaried success in thousands of cases that "If Nature won't, Pluto will."

PLUTO

FRENCH LICK SPRINGS HOTEL CO.
French Lick, Indiana

A CURITY Letter to Hospital Executives

There's only one way to know a good bandage---and that is to test it out for yourself.

If you are a hospital executive we want to send you a two-inch CURITY smooth cut bandage. This is to be put to the severest test---notice the freedom from cotton dust and long loose threads which are so troublesome in binding wounds.

See also our advertisement on page iv.

Lewis Manufacturing Co.
Walpole, Mass., U.S.A.
New York Chicago Cleveland Atlanta Philadelphia Kansas City San Francisco

H.W. 9

LEWIS MANUFACTURING CO.,
Walpole, Mass. Date.....

I want to see for myself just what superior quality CURITY bandages have. Please send me a sample 2-inch bandage. I have checked other CURITY products in which I am interested.

BANDAGES ABSORBENT GAUZE SHEETS SHEETINGS
BANDAGE ROLLS ABSORBENT COTTON PILLOW CASES

Name..... Position.....

Institution..... Street.....

City..... State.....

H. W. 9

To the Medical Profession

Specify—

UPSON FIBRE TILE—an ideal Wallboard for Hospitals, Kitchen Cabinets, Booths, etc., a snow white waterproof tile for all interiors.
(Non-conductor)

STAR BRAND ASBESTOS—Lumber, Wall, Ceiling and Floor Board — fireproof, waterproof, germproof, for interior and exterior use.
(Non-conductor)

A beautiful everlasting soft grey color, or can be tinted in soft tones of beauty.

Recommended by the Medical Profession everywhere. Write for samples.

The Woodbridge Company
Selling Agents, 43-47 Hayter St., Toronto, Ont.

92% OF THE HOSPITALS

WHO FAVOR US WITH THEIR PATRONAGE, BUY

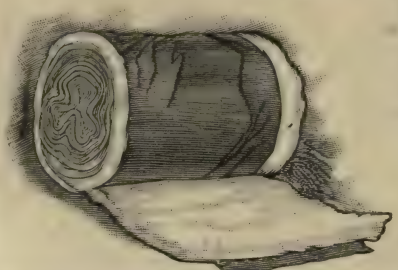
"ABSORBON"

The Low-Priced Absorbent Cotton of Quality

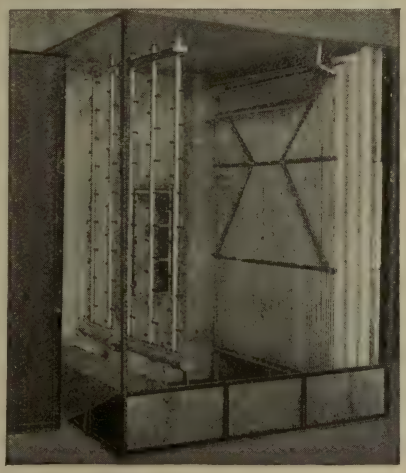
in preference to other brands, because it is better value at the price than any other brand on this market.

Guaranteed pure, sterile—passes through the same 50 different operations as our higher grades—sells for less because made from short staple cotton which costs less than long fibre cotton though quality is identical.

Investigate—A postcard brings samples and prices to your desk.



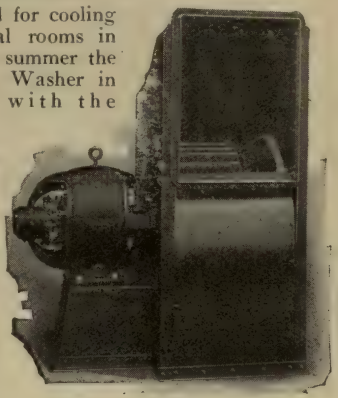
Maplewood Mills
Largest Manufacturers in the World
1296 Stafford Road, Fall River, Mass.



WASHED AIR

The necessity of ample ventilation in hospitals is not receiving the proper attention by those most concerned. Although absolute cleanliness is paramount in the mind of the physician it is really surprising that this question is so frequently lost sight of when hospital ventilation is considered. This matter is being brought forward by the leading engineers and is gradually coming into its own.

When used for cooling the hospital rooms in the heat of summer the Carrier Air Washer in connection with the Canadian Fan System proves efficacious and convenient.



Our new catalogue
"Fan System of Heating, Ventilating and Humidifying"
will be sent on request.

Canadian Blower & Forge Company
Limited
Kitchener, Ontario

COWAN'S COCOA
IS ABSOLUTELY PURE

As a sick-room beverage Cowan's Cocoa is highly recommended on account of its high quality and absolute purity. It is made of the best selected cocoa beans, scientifically blended, and contains no foreign elements. And it is prepared in a large modern factory where the most sanitary conditions are maintained.

THE COWAN CO., LIMITED
TORONTO

Sal Hepatica

THE STANDARD SALINE LAXATIVE



Samples on request

Bristol-Myers Co.
New York

MARVELLO

Marks New Era in Hospital Cleaning

WHERE COMPLETE CLEANLINESS
AND SANITATION ARE SO VITAL

Sanitary-Economical Antiseptic Labor-Saving

CLEANS EVERYTHING INSTANTLY

REMOVES ALL ODORS

It is a well-known fact that the ordinary cleanser functions only through vigorous scrubbing and then only imperfectly, as a close examination will reveal much of the dirt still intact.

The action of Marvello constitutes a distinct advancement in cleansing in that it

CLEANS HYGIENICALLY AND CHEMICALLY

Dissolves immediately, forming a natural chemical action, giving it force to dissolve and loosen (not eat as do acids) all substances such as dirt and grease, and at the same time acts as a Positive Germicide.

Marvello has a wide field of usefulness in the hospital, and is particularly effective for cleansing and removing odors from bedpans, puspans, basins, sinks and all kinds of enameled containers.

Use of Marvello means one hundred per cent. reduction in labor. No rubbing or scrubbing required. Is used with wonderful success for cleaning wooden floors, woodwork, tiling, marble terraza and cement floors, painted walls and windows.

GUARANTEED ABSOLUTELY HARMLESS

Send for a free sample

Universal Sales Co., Limited

22 Mark Street, Toronto



DESCRIPTION OF DOLL.—Over 5 feet tall, made of finely woven stockinet. Is durable, waterproof and sanitary. Has copper Reservoir which has three tubes leading into it, corresponding in location and size to the urethra, vaginal and rectal passages.

No Hospital Training School complete without

The Chase Hospital Doll

Adult size, also infant models, 2, 4 and 12 months, and 4-year-old sizes

Chase dolls are well made of cloth, jointed, and painted with waterproof paint, with internal reservoirs.

The Value

of this substitute of a living model is found in the many practical lessons which can be taught in the class room, such as handling of patients, administering enema, douching, probing in the ear and nose cavities—in short, the complete care of the patient.



We make dolls without reservoir if desired. Send for illustrated booklet giving full particulars.

M. J. CHASE

22 Park Place, Pawtucket, R.I.

Easifirst

The economical Shortening that will raise your baking and cooking to the highest point of perfection.

Get a trial carton with your next order.

GUNNS LIMITED

West Toronto, Ont.

We can make

Special Forms

exactly duplicating any hand.

Can put name on any gloves so that it will not sterilize off.

Insure to your own use the gloves you pay for



Specialists in the Manufacture of

Seamless Rubber Goods

Of Every Description

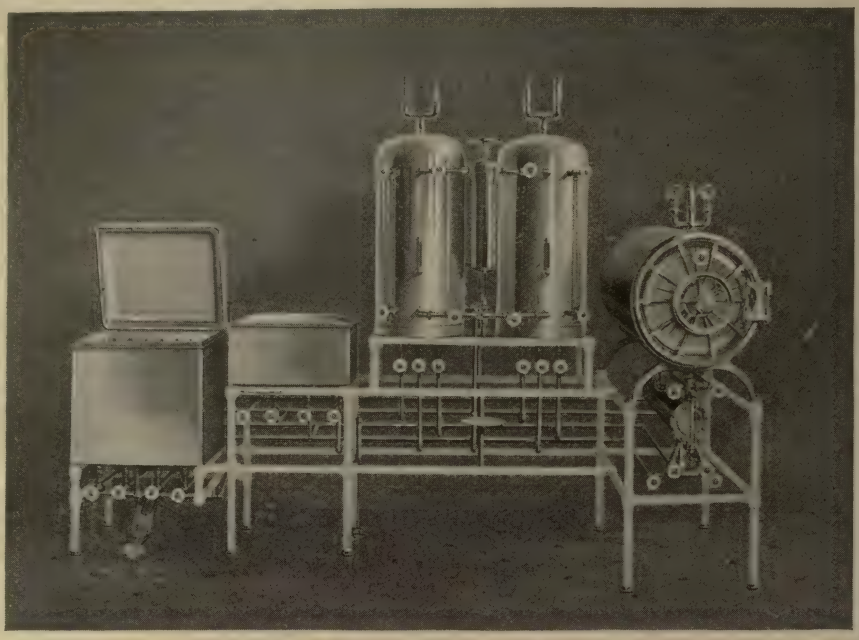
The Only Makers of

Seamless Rubber Gloves

in Canada

Sterling Rubber Co., Limited

GUELPH



BATTERY OF "WHITE LINE" HIGH PRESSURE STERILIZERS

INTO the construction of "White Line" Apparatus only such materials are permitted to enter as we know from years of experience will serve the purpose intended to advantage. "White Line" Equipment is built to give long years of highly efficient service.

Write our Engineering Department for layout, plans and specifications.

SCANLAN-MORRIS COMPANY

"The White Line"

MADISON, WISCONSIN, U.S.A.

Try a Lifebuoy Bath Yourself, Doctor

See if its cleanly odour—its creamy, velvety lather and the healing of its antiseptic vegetable oils do not have a wonderful tonic effect.

LIFEBUOY HEALTH SOAP



Is made from materials the purity of which is beyond question. It is more than soap—it is antiseptic and germicidal in character—it is best for the bath, at any age—it is par excellence the soap for washing all garments that touch the skin and for all housework.



Grocers and Stores everywhere sell it

Lever Brothers Limited, Toronto

Is your Culinary Department Modernized with

PURE ALUMINUM COOKING UTENSILS?

"SEAMLESS WATER PAIL"



WRITE FOR CATALOGS

A FULL LINE OF

PURE ALUMINUM COOKING UTENSILS

are manufactured by

The Louis McLain Co., Ltd.

AT TORONTO FACTORIES

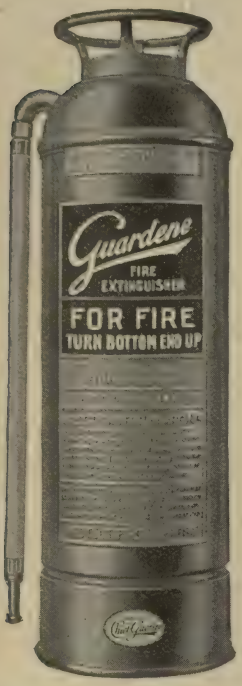
where

The Louis McLain Line and Hudson Line Aluminum Ware

ARE MADE

2466 to 2480 Dundas St. West

TORONTO, CANADA



The Prevention of Fires in Hospitals

Of all buildings where a fire should be rendered an impossibility, a Hospital, Asylum or Sanatorium should come first. There should not be an Institution taking care of the sick whose Medical Superintendent does not give this first consideration.

The most effective means yet discovered of extinguishing a fire in its incipient stage is

THE

Pyrene Fire Extinguisher

A fire appliance approved by the National Board of Fire Underwriters.

PYRENE in the Hospital will relieve you of that unpleasant feeling of worry and strain, and the thought that some day you will be visited by fire which will perhaps destroy both life and property.

PYRENE Liquid is a combination of purely organic materials, having an aromatic odor and a high specific gravity. PYRENE contains neither acid, alkali, salts nor moisture, and will not stain the most delicate fabric or injure anything with which it may come in contact.

15% off Insurance rate when Pyrene is installed on auto or motor truck

When PYRENE Liquid is subjected to a temperature of 90 degrees F. or over, it is immediately transformed into a heavy dry, cohering, non-poisonous gas blanket which surrounds the burning material, cutting off the air supply necessary for the life of the fire, and thereby extinguishing it.

PYRENE IS A NON-CONDUCTOR OF ELECTRICITY

A PYRENE FIRE EXTINGUISHER should be placed in the corridors, pantries, wards, operating-rooms, Superintendent's and janitor's rooms, kitchen, boiler-room and in close proximity to the nurses' sleeping apartments. By so doing an incipient blaze can be immediately put out. It can be operated by a nurse or a boy.

Prices on application



The Pyrene Manufacturing Co.

of Canada, Limited

118 Craig Street West, Montreal, Que.

World-Wide Service to Hospitals

Our line is limited only by the maximum demands of the Modern Institution and we invite comparison of quality with the highest priced goods in the world



Write for Catalogue No. 20

showing a complete and up-to-date line of

Hospital Furniture **Surgical Instruments**
Medical Supplies **Drugs and Pharmaceuticals**

Order by Mail — Direct from Factory

Our Unconditional Guarantee Assures You of Personal Satisfaction on Every Order

FRANK S. BETZ CO.

CHICAGO 30 E. Randolph St.
HAMMOND, IND. U. S. A.
NEW YORK 6-8 W. 48th St.



Comfort and Purity go together

Pillows that are comfortable to a degree---that are filled with the highest grade of down or feathers that are first of all thoroughly washed and sterilized and then steam-dried---that are covered in tickings of the best quality and most attractive designs---and "Feather-Proof."

SUCH ARE

Simmons Feather-Proof Pillows

Simmons Pillows are guaranteed to fill all requirements of the modern hospital.

They *invite sleep*

SIMMONS LIMITED

Executive Offices : MONTREAL
Works at :
St. John, Montreal, Toronto, Winnipeg, Calgary, Vancouver

THE efficiency of the Durham Duplex Razor was put to a severe test on the battle-fields of Europe during the World War. Many a comfortable shave was had by the men in the trenches, under otherwise uncomfortable conditions. It was in evidence in the rest billets and camps. In the hospitals, doctors and nurses found the Durham Duplex Razor indispensable in treating wounds that required the removal of the hair. Shaving was absolutely safe, blades could be quickly replaced when necessary, and sterilization of all parts was readily effected.

DURHAM-DUPLEX
A Real Razor—made Safe

Durham Duplex Razors have been used in hospitals, clinics, etc., for many years, both for professional purposes as well as by the doctors for personal use. They realize that the principle is right, and that it enables them to shave with the sliding, diagonal stroke—down and across the beard—with comfort, speed and perfect safety.

Sold by wholesalers and all leading dealers
or direct throughout Canada



Durham Duplex Razor Company, Limited
50 PEARL STREET, TORONTO, ONT., CANADA

FACTORIES
Jersey City Sheffield Paris Toronto

QUOTATIONS FROM—

"THE LANCET"

The Durham Duplex Razor Safety, therefore, admits of that satisfactory diagonal sweeping stroke across the face, which leaves a perfectly smooth surface. The beard yields readily before its movement. It shaves, and does not in the least degree scrape. The keen edges last a long time. The moment its advantages are learned the razor becomes a favorite. The razor we examined and submitted to careful practical trial.

"THE BRITISH MEDICAL JOURNAL"

The Durham Duplex Razor Safety is well guarded so that an accidental cut seems almost impossible, while to many who have been in the habit of shaving themselves for years it will present the advantage that it can be used in the way to which they are accustomed in rounding corners and negotiating wrinkles.

RANFAC PRODUCTS

SAFETY ASEPTIC THE SUB-Q TRADE MARK

ALL-GLASS SYRINGES

McELROY MINERAL PACKED

Best for Institutional Use and Nurses' Equipment



Sub-Q Syringe with Paris (American Luer Slip) Point



Sub-Q Syringe with Regular Thread

They are **Exceptionally Durable,** hence Economical to Purchase.

They are **Aseptic,** being easily cleansed and sterilized.

They are **Transparent** and show readily whether medicament in tablet form has become fully dissolved.

The **Pistons are wound** to fit individual barrels—and there is no regurgitation.

☞ Available with Paris (American Luer Slip) Point or with Regular Thread—in wide range of sizes to fit all requirements—in Aseptic Metal Cases or pasteboard boxes.

Write for Sub-Q Booklet S-33

THE RANDALL-FAICHNEY COMPANY, INC.

INSTRUMENT MAKERS SINCE 1888

JAMAICA PLAIN, BOSTON, 30, MASS.

DOUBLE TRAGEDY AT OTTAWA WILL BE INVESTIGATED

Two Women Suffocated in Fire at Private Maternity Hospital

WIRING WAS PRIMITIVE

Proprietor of Hospital Says He Was Never Instructed To Install Fire Escapes

Ottawa, May 13.—(By Canadian Press.)—It has been decided to conduct a searching investigation into the fire which occurred early this morning at the private maternity hospital of Dr. F. C. Hagar, in which two patients lost their lives. The deputy fire marshal of Ontario, Mr. George F. Lewis, of Toronto, is in Ottawa.

Two Lives That Might Have Been Saved

by a

Northern Electric

GAMEWELL

Fire Alarm System

THERE is nothing more tragic than a Hospital fire. Yet in these days of supposed enlightenment, accurate statistics tell us that in Canada and the United States, a hospital burns every day.

Largely because of ignorance and carelessness and a criminal disregard of the fundamentals of fire prevention and fire protection, the lives of new-born babies, their mothers, of orphans, of the crippled and the blind are snuffed out singly, in small groups and occasionally by the score.

A Northern Electric - Gamewell Fire Alarm System might have prevented this tragedy. One thing is certain—it would have provided the quickest and most dependable method known to modern science of bringing the Civic Fire Department to the scene of the fire.

There is a Northern Electric System to meet the requirements of every institution in this country be it large or small.

To-day's investigation and action may prevent to-morrow's sorrowful meditation.

Our nearest house will be glad to furnish full particulars.

HALIFAX
QUEBEC
OTTAWA
TORONTO
HAMILTON
LONDON
MONTREAL
WINDSOR
WINNIPEG
REGINA
CALGARY
EDMONTON
VANCOUVER

Northern Electric Company
LIMITED

Man's Greatest Enemy

In the hospital where the destructive activities of disease germs are always studied and observed, it is clearly understood that the germ is man's greatest enemy.

Atmospheric Dust

is the breeding place for disease germs. The deadly bacteria floating in the air we breathe enter into our bodies and attack the vulnerable tissues, which is the meaning of disease. Cleanliness, sunshine, and pure dustless air, protect against contagion.

IMPERIAL STANDARD Floor Dressing

is a petroleum product, prepared for the preservation of wood floors, linoleums or oilcloth. It is non-evaporating, non-gumming and purely sanitary. It cleans the surface of the floor and ***prevents its dust from rising.***

One gallon is sufficient to treat from 500 to 700 square feet of floor space, and one treatment preserves the floor for three or four months. The only safe and sanitary method to banish dust.

IMPERIAL OIL LIMITED

Power - Heat - Light - Lubrication

BRANCHES IN ALL CITIES

SCIENTIFIC MASSAGE

The Medical Profession and Hospitals will be interested to learn that, after years of connection with The Glasgow Royal Infirmary, where he was Masseur and Instructor to the Nursing Staff,

MR. ROBERT A. HOLMES

(Graduate of The Scottish Electropathic Institute and College of Massage, Glasgow)
has settled in Toronto and is **specializing in Scientific Massage, following in every particular the treatment prescribed by the attendant Physician.**
Mr. Holmes will appreciate having cases requiring Massage referred to him by members of the Profession.

322 St. George Street - - Phone Hillcrest 5410

LISTERS
(PREPARED CASEIN)
DIABETIC Flour

ANALYSIS

Moisture.....	10.66	Protein.....	69.95
Ash.....	1.63	Starch.....	0.00
Fat.....	0.67	Sugar.....	0.00
Leavening and Flavoring....	17.09		

Makes *strictly*
Non-Carbohydrate BREAD
and other palatable foods
Sent direct—month's supply $6.00
LISTER BROS., INC.
405 Lexington Avenue NEW YORK CITY
W. LLOYD WOOD, Canadian Agent
64 Gerrard St. East Toronto, Ontario

Quotations from Doctors: No. 5

"My patient, a dentist, scalded from the bursting of a vulcanizing flask, was in great agony. I hastily applied

Antiphlogistine
TRADE MARK

the only thing convenient at the moment. Intended it for a temporary dressing until the ordinary substances used in such cases could be obtained. The relief was so great and in tantaneous that the dressing was allowed to remain until a later visit, when upon its removal twelve hours after, the skin was found to be white and free from inflammation. Another application was allowed to remain for twenty-four hours. When discontinued there were no blisters, no redness, nor any evidence of the burn, excepting the eyelids and around the eyes where the Antiphlogistine had not been applied. Have used this preparation again and again in burns of the first degree with invariably good results.

F. E. C., M. D.,
BROOKLYN, N.Y.

THE DENVER CHEMICAL MFG. COMPANY, MONTREAL

ELECTRICALLY LIGHTED INSTRUMENTS



TWENTY years in the manufacture of electrically lighted surgical instruments, if it has not brought perfection in instrument construction at least has kept the Electro Surgical Instrument Company abreast of the advances made by leading specialists of the Medical and Surgical Profession.

So it is that instruments stamped "E.S.I. Co." speak of the accomplishments of the noted men whose suggestions are embodied in their construction and a service of maintenance possible only in instruments of our manufacture.

Users of instruments stamped "E.S.I. Co." are certain sharers in this service.

Illustrated Catalogue Sent Upon Request

Electro Surgical Instrument Company
ROCHESTER, N.Y.

An Economical Dentifrice

of Highest Efficiency

Producing 100% Mouth Sanitation

It will keep your mouth, teeth, gums and breath as pure and healthy as science can make them.

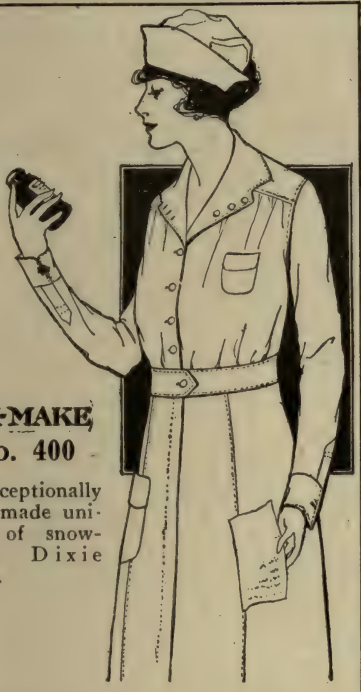
Minty's Tooth Paste

seems to give to your whole being a new sensation of wholesomeness because of its wonderfully delightful after-effect and proven efficiency.

It's Necessary to Good Teeth

PALMERS LIMITED - MONTREAL





DIX-MAKE No. 400

Exceptionally well-made uniform of snow-white Dixie Cloth.

DIX-MAKE UNIFORMS

The experienced nurse realizes that an immaculate uniform is a matter not only of personal pride, but of professional necessity. She chooses a Dix-Make Uniform because she knows that it gives her at all times a neat, trim, well-tailored appearance---an atmosphere of cleanliness and cheeriness in keeping with the needs of the sick room.

Dix-Make Uniforms, made of durable materials, strongly stitched throughout, retain their smartness after many tubbings and constant wear. They are real Economy Uniforms, high in quality, low in price. The label is your guarantee.

Obtainable at the better Department Stores

Catalog EE sent upon request, together with folder of House and Porch Dresses and list of dealers.

HENRY A. DIX & SONS CO.
DIX BUILDING New York, U.S.A.



Highly Nutritive

Borden's Malted Milk is a food-drink that is nutritious and palatable. It is made of rich, clean milk—sustaining cereals—and enough mineral salts for bodily nerve and tissue building.

These pure ingredients are processed under a low enough temperature which does not kill the malt ferments. The action of these ferments upon the casein of the milk converts the proteins into partial peptones. The most delicate stomach can easily digest and assimilate Borden's Malted Milk.

Unequalled as a tonic-food for convalescents, dyspeptics and aged people—Borden's Malted Milk supplies complete nourishment with a minimum strain on the gastro-intestinal tract.

Samples, analysis and literature on request.

THE BORDEN CO., LIMITED
Montreal Vancouver

Borden's
THE IMPROVED
MALTED MILK

DOUGALL WHITE ENAMEL

For Cleanliness and Hygiene

For Hospital and Sanitarium interiors where Cleanliness and Hygiene are imperative, the woodwork can best be finished with **Dougall White Enamel**—the whitest of all.

Dougall White Enamel is an immaculate white, that produces a beautiful lasting finish, the appearance of which is only equalled by its great durability

Dougall White Enamel will not peel or crack. It dries out evenly, and can be washed without injury. It stays white indefinitely.

We welcome inquiries and will be glad to furnish complete facts regarding DOUGALL WHITE ENAMEL

THE DOUGALL VARNISH CO., Limited

MONTREAL

Associated with Murphy Varnish Co., U.S.A.

Indispensable in the Hospital or Private Home



The "Drumfire" Dishwasher

will be found a real labor saver. It washes dishes, no matter how greasy, in two to three minutes **without breakage.** It is **absolutely sanitary.** It handles the most delicate glassware and china or the ordinary milk bottle. No soap or chemical is needed. No dish cloths, towels or unsanitary dishpan required. Just place it on left hand side of sink and slip the hose on either cold or hot tap, then turn on the water and the work is done.

The Hospital pantry should not be without a "Drumfire" Dishwasher. It saves both temper and work and will largely solve the domestic problem in the home.

Mr. Superintendent: Look into the merits of the "Drumfire" Dishwasher and you will be pleased.

THE ROSS SALES CO.

65 Richmond Street East - TORONTO

WHY THE

VORTEX CUP

has received the unanimous endorsement of the

MEDICAL PROFESSION



Because it is **absolutely sanitary. It prevents the dissemination of disease** that is all too prevalent, particularly in public drinking places, restaurants, cafes, etc. Health Officers now rightly condemn the old-fashioned public drinking cup and will not permit its use, where known. With the VORTEX SERVICE, a fresh cup is used each time. These cups are odorless, have no paraffin coating inside and cost but a trifle per hundred. The VORTEX SERVICE **should be installed in every hospital in Canada,** not only for the above reasons, but because it eliminates breakage and the use of borax, soap, washing compound, towels and time.



Physicians will consult the interests of their patients by urging them to give preference to those cafes and restaurants that have their places so equipped.

Full information and prices on request

Canadian Wm. A. Rogers Limited

TORONTO

HOSPITAL PLUMBING

The attention of Hospital Superintendents is called to our

Sanitary Hospital Fixtures

We carry a full stock of these fixtures and are in a position to submit prices on request.

Our goods are the finest that are obtainable, and have been installed in some of the most modern Hospital Buildings throughout the Dominion.

PURDY MANSELL, LIMITED

63 ALBERT STREET, TORONTO

Fecto

¶ A solution of hypochlorites and chlorine containing 4% of available chlorine.

¶ FECTO is the ideal Germicide and Disinfectant for general use, particularly in Homes and Hospitals.

¶ It is obtainable through druggists, and supplied in 4 fl. oz. and 16 fl. oz. bottles, as well as in 1 and 5 gallon containers.

¶ Write us for descriptive literature giving full directions for use.

PARKE, DAVIS & CO.

WALKERVILLE, ONT.

MONTREAL BRANCH
45 St. Alexander St.
Read Building

WINNIPEG DEPOT
301 Keewayden Building

TORONTO OFFICE
422 Ryrie Building

The Hospital World

TORONTO, CANADA

A Journal published in the interests of Hospitals, Sanatoria, Asylum and Public Charitable Institutions throughout the British Empire

Vol. XVII. TORONTO, AUGUST, 1920 No. 2

Editorials

STATE AID FOR BRITISH HOSPITALS

NEARLY all of the British Hospitals are appealing for aid; and some of them are looking toward the State for help. At the hospital at Norwich, Dr. Samuel Barton, chairman of the Board, said recently that the alternative to the voluntary hospital was a rate or State-aided one, according to the correspondent of the *Medical Record* recently. Such an institution meant whole-time officers, red tape, forms strictly demanded, and, secondarily, treatment of the sick. According to Dr. Barton there were three classes into which the public might be divided: (1) Those who do not give to charity and the enemies of voluntary hospitals, chief supporters of rate-aided institutions. (2) Obsessionists, whose only lament was that they would not be able to read in the *Times* of the thousands they had died worth, persons of unsound mind, to argue with whom was

worse than useless. (3) The charitable who were only too ready to give to a good cause, who only needed educating as to the good work and needs of the hospital in order to make them respond freely. Among this last-named class propaganda should be carried on.

According to the correspondent quoted, it appears the consensus of medical opinion still is in favor of a continuation of the voluntary system; and if the State does step in, that it should supplement the voluntary system, not supplant it. He goes on to state, that "there does not appear to be, however, any valid reason why patients who can afford to do so should not pay according to their means, and that hospitals should not be open to that large section of the British middle class, who now comprise the really poor."

We believe the correspondent has studied hospitals on this side of the Atlantic, and we further believe, if Dr. Barton and holders of his opinion had done the same, they would have gotten a new point of view; for here they would see the pure State or city-aided institution, as in Boston, Cincinnati, St. Paul, Hamilton, and many other American and Canadian cities and towns, and also the hospitals jointly supported by the State, the municipality and private philanthropists.

As on the Prohibition question upon which our Conservative English, Scotch and Irish brethren cannot see eye to eye with us; cannot be persuaded that

prohibition, so obvious a success on this continent, would not work in the old country; so in respect to the question of support of hospitals, they cannot see eye to eye with us, but are willing to let the few go on bearing all the burden of hospital up-keep, and making objects of charity many patients who could well pay a part at least of their cost of maintenance.

SIR HENRY BURDETT

IN the death of Sir Henry Burdett, the British Empire has lost her most distinguished Hospital authority. The deceased had practical experience as a hospital administrator, having filled the position of Superintendent of Queen's Hospital, Birmingham; and later House Governor of the Seamen's Hospital, Greenwich. He was a man of great energy. He published *The Hospital, The Nursing Mirror*, a Hospital and Charities Annual, and that tremendous work in four volumes, Hospitals of the World (published in the early nineties). He was one of the prime movers in the establishing and carrying on of the King Edward Hospital Fund, by which hundreds of thousands were collected from the rich and well-to-do for the voluntary hospitals of England, and, in addition, was the head and front of the League of Mercy, which brought to these same institutions thousands of pounds collected in pennies and shillings from the poorer classes. Whether his great interest in hospitals was a vocation or an avocation, the writer

does not know. Sir Henry was a man interested in other departments of human affairs: he was Secretary of the Share and Loan Department of the London Stock Exchange for some years, and, we understand, had interests in certain large hotels, besides owning a large private hospital, or nursing home, as it is called in the metropolis. He had, we believe, other large business connections and interests.

Sir Henry was a close friend of the late King Edward, and was in close touch with other members of the Royal Household, and with many of the aristocracy and wealthy people in the Old Land. This connection stood him in good stead when inaugurating his plans for the support of the great free hospitals in England and Scotland. He was a great champion of the voluntary system of hospitals, and seemed to believe them the ideal type of hospital. In this we could not agree with Sir Henry, and the trend of events shows that hospitals are more and more coming under State and civic control, and that patients instead of being admitted without pay to hospitals will, as time goes on, be required to pay for what they receive—even in London Town.

Sir Henry seemed to be a sort of self-appointed inspector and critic of the British hospitals; his journal often containing reports of his investigation of these institutions. He hit out from the shoulder, condemning extravagance, or slackness or mistakes in construction wherever he found them existing,

and eulogizing with moderation what he found was excellent.

The writer when last in London was invited to Sir Henry's beautiful home, amid lovely trees and flowers, in Portchester Square, when eager discussion was had of Hospitals and Hospital Workers, Canadian, American, and British. Feeling (apparently) that his end was approaching, Sir Henry expressed the wish that some one would loom up to carry on the work he was doing. Whether such an Elisha has appeared, we haven't learned; but hope that some one may forthwith be worthy of donning the cloak Sir Henry has laid aside.

Sir Henry was an interested visitor at the meeting of the American Hospital Association in Boston, 1905, when he was elected an honorary member of that body.

METHODS OF "FAITH-HEALER" VERSUS SCIENTIFIC MEDICINE

A BEWILDERING and an intensely pathetic scene was witnessed when a great multitude of the sick and of the disabled congregated in one of our historic cathedrals to receive relief from pain and a cure of their maladies. These results were expected to follow "the laying on of hands and the prayers" of a man acclaimed by a section of the Anglican clergy to be very richly endowed with faith in God, and of having accomplished much good elsewhere.

The methods adopted by the "Faith-Healer" in Toronto, and their endorsation by a number of intelligent, reputable and kindly-hearted clergymen come as a challenge to scientific medicine to define its attitude, first, toward Biblical teaching in reference to disease and its cure; second, toward the probability of any change in morbid physical conditions being brought about by the methods used by the "Faith Healer."

Physicians, as individuals, have their own convictions, and a vast majority of them—in spite of much written to the contrary in current literature—believe as unfalteringly in the teaching of the Bible as do their fellow-Christians in any other vocations. One of the "Gospels" was written by a physician, and unlike the writings of any one of the great "Galaxy of Immortals" in medical literature, not one single statement by St. Luke has been discarded. All his references to the character of the diseases, to the methods and cures of the Great Physician Himself and His apostles stand—after twenty centuries—unimpeached and unimpeachable. Scholars tell us that "as a gem in literature, in its classic purity, and elegance of diction" it (Gospel by St. Luke) "compares with the diamond amongst the coarser metals." A physician fills a page in sacred literature. Physicians, with scarcely an exception, most gladly welcome to their aid in the treatment of disease, all the help that faith in a loving, merciful, omnipotent, and omniscient God, and Saviour may

bring to the patient. Clergymen and physicians should appreciate the help each can give as allies in the great fight for the conservation of human life. In so far as faith in God as a potent factor in the healing of disease is concerned it can be accepted by the Christian physician as an indisputable fact, and this is the logical answer to the first challenge mentioned above.

Toward the probability of any change in morbid physical conditions being brought about by the methods used by the "Faith-healer", Mr. Hickson was given a splendid opportunity of showing just what his methods could do. There is not, at least so far as medical evidence goes, a tittle to prove that any changes have taken place in the morbid physical conditions of a single patient. Physicians are told to wait, and see what time may do, but they cannot be deceived so readily, for they know that fresh air, good food, sunshine, nursing, are also great factors in mitigating suffering, and in curing disease. The evidence from the curative effects of these is indisputable as is also the case in regard to other methods used in medical, and surgical treatment. This "Faith-Healer" is said to have been practising his methods for sixteen or twenty years, why has he not produced evidence that physicians can accept? Is it not "too late in the day" for any one to take shelter under the specious plea "that physical healing was never promised?" We have only to turn up the files of the daily papers, to see what very

strong hopes were held out of the possibility, and even great probability of immediate cures being wrought by this man. Were not these people brought in the hope of getting some relief, or a cure of their disease? The sick and the disabled never crowd into our churches solely to get spiritual aid, but if medical science can provide a serum that will cure cancer, all the hospitals in Toronto will be taxed to their capacity. Until indisputable evidence can be produced of the removal of morbid physical conditions, scientific medicine cannot, and will not, endorse the methods of the cult popularly known as "Faith-Healers."

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Original Contributions

FLORENCE NIGHTINGALE

(Born May, 1820; died August 13th, 1910.)

Adelaide M. Plumptre, Toronto.

"A great life is one which makes a difference for all . . . . a betterment which lasts"—so wrote Florence Nightingale; and judged by her own test, few lives have been greater than her own. The gloom and glory of the Crimean episode made her famous, but a long life of service made her great.

She always longed to help; as a child her ready compassion flowed out towards the crippled dog or the uncared-for sick. She imagined her beautiful country home as a hospital with herself as matron. Unhindered by the popular estimate of nursing as a somewhat disreputable form of domestic service, she had a settled purpose of becoming a nurse; and although opposition deferred the realization of her dream, she made it come true at last. Her gifts and graces appeared to mark her out for success even in the brilliant coterie to which her family belonged, and she had the entrée to the small and select circle of aristocrats which then governed England. When to these advantages of birth and position was added the romance of her great adventure at Scutari, she became like Joan of Arc, "A legend even in her lifetime." To the private soldier, she came as a ministering angel, though to the careless official she was an avenging fury. To a scene of chaos and misery, unutterable and unnecessary, she brought an element of order and comfort. In the midst of squalor and clamour she was exquisitely refined in dress and person, and her calm, low tones soothed her tortured patients. "I never heard her raise her voice," was the testimony of one who knew her well at Scutari. "Before she came there was cursing and swearing; when she was there, it was as holy as a church," wrote one of her patients. In Eng-

land, through the sympathetic columns of *"The Times"* she came to be regarded by anxious patriots as the one hope of retrieving the blunders of the War Office and of mitigating the undeserved sufferings of the troops. By her courage, her wit, her wisdom, her humanity, she won the affection and fired the imagination of all classes. "If the Queen was to die, they'd crown *her,* and we'd say they did right," wrote one of her Guardsmen.

In the solid foundation built up in the Crimea, Miss Nightingale found the fulcrum for her lever; and her lever moved the world. The achievements of her later life were possible because behind the "Lady of the Lamp" were arrayed the love and trust of a nation. Had her services terminated with the close of the Crimean campaign she would have shown what can be done by a fearless and compassionate woman in the face of the horrors of war. She would have demonstrated the value of the right kind of female nurses in military hospitals and the folly of a medical service which permitted more men to die of disease and neglect than at the hands of the enemy. This might have meant much, but probably in the ebb of energy and morale after the war, nobody would have pushed home the hardly learned lessons and lasting reforms had not the same indomitable spirit which laughed at difficulties at Scutari carried forward the frail body of Miss Nightingale in the struggle to "promote health, prevent disease and mitigate suffering."

"She stood by the altar of the murdered men." Her life was dedicated to the prevention of unnecessary suffering and undeserved deaths. In ever widening circles, always beneficent and progressive, her influence was first felt upon nursing and hospital conditions as they affected the army. Miles of barracks, with cot touching cot, the air reeking with the stench of cess-pits beneath the wards and of putrefying wounds of neglected men; a total lack of cleanliness and decency, the agonies of amputations unrelieved by anesthetics:—such were the memories of the military hospitals of the Crimea. Within twenty years, thanks to the combined influence of Miss Nightingale, Sidney Herbert and a group of earnest and enlightened doctors, the hospitals of the British Army had set a standard of

efficiency and economy to which civil hospitals aspired. Perhaps the mile-long wards in Scutari inspired Miss Nightingale's passionate enthusiasm for the "pavilion" or "block" style in which all modern hospitals are erected and of which St. Thomas' Hospital, London, and the General Hospital, Toronto, may be cited as examples.

The memory of the "murdered men" suffering at the hands of untrained orderlies, constrained Miss Nightingale to devote the great sum of money raised for her by public subscription to the establishment of the Nightingale Fund for the training of nurses. If old men harassed the sick soldier, Betsy Prig and Sairey Gamp reigned supreme in civilian sick rooms. Under the leadership of a gentlewoman who combined culture, wealth and social influence with a penetrating brain and far-sighted wisdom, there emerged the modern trained nurse. In the census, prior to Florence Nightingale's day, nursing was reckoned as a branch of domestic service; now it ranks as a profession; but to the nurses who follow most closely the footsteps of their leader, it still retains the sacredness of a vocation.

From the welfare of the British Army at home, Miss Nightingale turned to consider its health abroad. One third of the regular army was always in service in India, where its percentage of mortality was sixty-nine per 1,000. With extraordinary courage, Miss Nightingale having already engaged the War Office in deadly combat, proceeded further to attack the India Office. Her men were being murdered in India largely by improper food and drink and venereal disease and it was her mission to save them. As in the Crimea, she met on one hand, the stolid, passive resistance or open animosity of the indolent official, on the other the eager support of the public-spirited statesman and scientist.

"Standing by the altar," she saw that the sanitary conditions in India needed reform if the British Army were to be kept healthy. Sanitation led to irrigation, for many diseases in India were due to mal-nutrition, and people starved because the thirsty soil failed to produce crops. Irrigation led to a system of loans to poor peasant proprietors; and so this amazing woman who never saw India, became an oracle upon Indian affairs

to be consulted by Viceroys and Commander-in-chief and recognized by Indian Princes as a power to be reckoned with.

Sane reforms are founded upon facts. Miss Nightingale "had a passion for statistics" and was no less interested in hospital report forms than in their architectural plans. She drew up sample statistical report forms for nurses, hospital superintendents, and general practitioners; she would doubtless have been an ardent supporter of the present demand for accurate vital statistics.

In the contemplation of this rush of activities and ambitions, it would be easy to overlook the spiritual and intellectual life of Florence Nightingale. Her most intimate friends were Sidney Herbert the Christian Statesman and Benjamin Jowett, Master of Balliol College, saint and philosopher. Her correspondence with Jowett reveals the depth as well as the originality of her spiritual experience. He alone of all her circle dared to reprove and even to "chaff" his august friend. His death clouded her later years as that of Lord Herbert had darkened her middle age. Perhaps her ideal of religion is best expressed in her own words. "The service of God, organized as the service of man." It has been aptly said that she belonged to "the sect of the Good Samaritan."

The heroine of Scutari, the pioneer in hospital reform, the founder of modern nursing, the fairy godmother of every scheme for the betterment of health—any one of these tests might justify, on her own estimate, a claim to greatness. But perhaps more valuable than any of these services was Miss Nightingale's part in attracting public interest to support her scientific hygienic reforms.

Her influence was partly due to the reputation she won in the Crimea. Her utterances were accepted as oracular not only by the select few, but by the masses of the people. But what was in part due to her achievements was also to be attributed more justly to her character. She had the quality of humanity; her ready wit, her keen insight, her indomitable purpose might have failed had they not been combined with an intense and catholic sympathy. But this woman whose avid brain could feast upon statistics, whose rapier tongue could confound states-

men was she who had comforted the dying boy in the hospital and written his last words to his mother in her English cottage.

Florence Nightingale was the founder of modern nursing; but her "Notes on Nursing"—the slim volume which marked a revolution—was ninety-nine per cent. common sense and only one per cent. science! She cared more to train women to nurse, than to train professional nurses; the woman was the basic element in the nurse. This human attitude of mind pervades also the modern health movement. It must be guided by science; (and never was the demand for scientific truth more insistent.) but it must be interpreted in terms of human progress and happiness. Its stress is laid upon prevention rather than cure and in this respect also Florence Nightingale was its prophet. Her "Notes" say little about drugs and treatments, but much about sunshine and open windows and good food, and keen observation and avoidance of petty annoyances for the patient. She drags medicine out of the hospital and surgery into the open street. She saw a vision of that public health which is the negation of private sickness, and which demands public spirit from nurses and doctors, and public opinion to foster its development.

It is in this service that Miss Nightingale may be truly termed the founder of the modern Red Cross movement. Henri Dunant, the Swiss doctor whose efforts brought about the first Red Cross convention at Geneva, himself attributes his inspiration to the work of Miss Nightingale in the Crimea, but the essential element of the new Red Cross movement is the co-operation of the laity—the man and woman in the street—with the professional men and women in their combat with disease and suffering. It is this element which has led the signatories of the Covenant of the League of Nations to select the Red Cross movement as the popular democratic organization which in the pursuit of a newer, happier world-order may link together nation and nation and enlist popular support for hygienic reforms.

Inasmuch as Miss Nightingale threw her great personal influence on the side of prevention, and encouraged her fol-

lowers to believe that human happiness depends largely upon human health, she may be reckoned as a leader in the new movement for the promotion of health, the prevention of disease and the mitigation of suffering of which the Red Cross is the popular manifestation.

"A great life is one which makes a difference for all. . . . a betterment which lasts."

NURSES GRADUATE AT WELLESLEY HOSPITAL, TORONTO

Twelve new nurses received their diplomas at Wellesley Hospital on June 16th, Mrs. Nasmith making the presentations. Hon. Featherston Osler presided, and Rev. W. A. Cameron addressed the graduates. Miss Flaws, the superintendent, gave the report of the hospital.

The Sir Edmund Osler scholarships for general proficiency were presented by Mrs. Nasmith to Miss Maybelle Douglas, senior division, and Miss Reitta Book, junior division. Dr. Herbert Bruce presented his own prize for proficiency in operating room technique to Miss Vera Malone, who won the intermediate year prize for the same subject.

The Sir John Eaton scholarship for general proficiency in the intermediate year was presented by Mr. W. V. Ecclestone to Miss May Steacy, senior division; Miss Dorothy Powers, junior division, and Dr. Bruce presented the Sir William Mulock scholarship for general proficiency in the junior year to Miss Annie Carson, senior division, and Miss Olive Bennett, junior division.

The graduates are: Miss Maybelle Douglas, London; Miss Elizabeth Low, Uxbridge; Miss Ina Onslow, Niagara; Miss Vera Malone, Hamilton; Miss Carrie Geddes, Lucknow; Miss Pearl Chambers, Brantford; Miss Mary Jarvis, Hamilton; Miss Frances Brown, Toronto; Miss Gladys Fairclough, Hamilton; Miss Reitta Book, Grimsby; Miss Ella Bastian, Toronto; Miss Edith Cowan, Newcastle.

Society Proceedings

HOSPITAL ORGANIZATION

We are just in receipt of the published report of the meeting held in April in Calgary to discuss Hospital Organization. Dr. M. T. MacEachern, of Vancouver, called the meeting to order, and Dr. M. M. Seymour, of Regina, was appointed chairman. The chairman, who is Commissioner of Public Health for Saskatchewan, said that he had been endeavoring earnestly to mould the best hospital policy for his Province, and he was sure at this meeting many difficulties would be cleared up, and many problems discussed which would enable them to develop and advance the best ideals for the institutions with which they were connected.

Dr. M. T. MacEachern:

"Up to the present I have been possibly a little skeptical as to the success of this conference, but I am not now, seeing the representative attendance which we hoped for has been secured. I feel sure that the delegates bring with them enthusiasm in this work and that great good will be accomplished. During my trip through the four western provinces, last autumn, I found them all very much alive to the hospital issues of the day and great progress being made. I also found that the four western provinces had many problems in common, and especially those pertaining to hospital standardization. I was very anxious, indeed, to get the people connected with or interested in hospital work in these four provinces, together, in such a meeting as we are having to-day. Therefore I called this conference in Calgary, being considered central. Notices were sent out to all the hospitals of the four western provinces and to all the Fellows of the American College of Surgeons. A provisional programme had been compiled containing many subjects and suggestions to be taken up at this meeting. I hope, therefore,

that there will be free and profitable discussion throughout. The conference has a very heavy two-day programme before them, and I hope that something constructive will follow."

The Chairman read a telegram from Dr. J. C. Fyshe, Superintendent of the Royal Alexandra Hospital, Edmonton, expressing his regret in not being able to attend, on account of the death of the Hon. A. G. MacKay.

The remainder of the morning session was taken up with reports from the various provinces on Hospital Organization. The Chairman called on representatives from each province.

Dr. G. Stephens, Superintendent of the Winnipeg General Hospital, reported for Manitoba:

"At present we have no Hospital Association in the Province of Manitoba, but active steps are being taken to form one as early as possible, such an association to be similar to those in other provinces. I have sent out a questionnaire to twenty-eight hospitals in the province, representing three thousand beds or more, with a view to making a hospital survey. This report cannot be completed until later in the summer. Both the Winnipeg General and St. Boniface Hospitals have accepted the minimum standard as laid down by the American College of Surgeons, and we are very actively interested in this standard. Various other hospitals in the province are doing likewise."

Dr. M. M. Seymour, of Regina, Commissioner of Public Health for Saskatchewan, reported for his province. (Dr. R. E. McKechnie, of Vancouver, took the chair temporarily.)

"There are in the Province of Saskatchewan thirty-seven hospitals under government supervision and in receipt of financial aid from the general revenue of the province. Twenty-seven of these hospitals were built and are maintained by limited companies, nursing orders, church organizations or urban councils. These were the first hospitals to be established in the province, and were all in operation in 1914. They were

for the most part situated in the cities and towns, and while they provided good hospital accommodation for the urban population, it became evident that some action should be taken by the Government if the rural residents were to enjoy the hospital privileges afforded to the urban population.

"The scarcity of medical and nursing aid, in a country that has grown in population as rapidly as has this province, brought about a condition in which the old method of establishing and maintaining hospitals by voluntary contributions was entirely inadequate. A plan of municipal co-operation was worked out and legislation enacted, known as the Union Hospital Act. This Act, in brief, made provision for two or more municipalities to co-operate in establishing a hospital at a point to be mutually agreed upon. One of the considerations which led to the enactment of this legislation was the fact that rural patients requiring hospital treatment had, under the conditions then existing, to be sent long distances by rail to a town or city hospital, after having been driven fifteen or twenty miles across country. By establishing rural hospitals the rail journey would be almost entirely eliminated and patients might be conveniently visited by their friends, while in hospital. Another feature of the problem which could not be overlooked was a growing determination on the part of the rural residents to be independent of the city hospitals, and to have an institution of their own built and operated solely for the benefit of the districts in which they lived, especially for maternity and emergency cases. The most important consideration, however, was to make adequate provision for maternity cases. The prairie mother certainly would not, and in most cases could not, attend at a city hospital one hundred miles distant, for her confinement, and unless the undesirable conditions inseparable from childbirth at an isolated farm were to obtain for all time, some steps had to be taken to make that provision against emergencies and unforeseen complications which the equipment and staff of a modern hospital afford at this critical period. From information gained in the first year's administration of the Act, it was decided to amend the Act by requiring a minimum number of two rural municipalities to co-operate, instead of, as formerly,

two municipalities, one of which might be a town or village. This amendment ensured that the assessment over the hospital district would be sufficiently large to furnish the capital and maintenance cost of the hospital at a low mill rate.

"While the number of hospitals organized under the legislation above described was more than had been expected—ten in three years of the war—it soon became evident that although the rural residents were for the great part enthusiastic and ready to organize in every part of the province for union hospitals, there were two obstacles to progress which were causing their plans to miscarry, namely, the failure on the part of rural councils to agree as to the site of the proposed hospital, and the fact that the most suitable boundaries for hospital districts were not in every case coincident with the boundaries of rural municipalities. The Union Hospital Act was accordingly revised in 1919 and provision was made for two methods of organization, either one of which might be followed. These are set forth in Part I and Part II of the Act. Part I is based on the original Act and provides that any two or more complete rural municipalities may co-operate with any number of urban municipalities to establish a Union Hospital at a location to be mutually agreed upon. A hospital committee is appointed consisting of one representative from each municipality proposing to co-operate. This committee prepares a form of proposed by-law and agreement in accordance with a schedule attached to the Act. The by-law and agreement, upon being approved by the councils of the municipalities concerned, is submitted to the Local Government Board for approval and is then voted upon by the people. If a majority of those voting in any municipality approve of the scheme, the agreement becomes binding on such municipality, but no Union Hospital district can be estab- by the people. If a majority of those voting in any municipality approve of the scheme, the agreement becomes binding on ratified by the people, a Union Hospital Board is appointed by the councils of the municipalities concerned. This board takes the place of the original hospital committee, and completes the work undertaken by the latter, by preparing detailed plans,

specifications and estimates for the approval of the Commissioner of Public Health and of the Local Government Board.

" The procedure described in Part II of the Act is provided to overcome the difficulties already referred to in the administration of the original Act. This part of the Act provides that any number of complete rural municipalities or portions of municipalities may co-operate with any number of urban municipalities to establish a Union Hospital, but the boundaries of the hospital district and the situation of the hospital are defined by the Lieutenant-Governor in Council. A local committee of those interested in the hospital project is usually formed in the first instance. This committee causes petitions to be circulated and signed by the councils of the municipalities or areas desirous of being included in the proposed Union Hospital district. If the council does not feel disposed to sign the petition, provision is made for the signatures of twenty-five ratepayers. On the petitions being presented the Lieutenant-Governor may issue an Order in Council establishing a district, naming the point where the proposed hospital is to be situated, and stating the number of members to be appointed to the Union Hospital Board, and the representation of each municipality on the board. The various councils then appoint the members to the board, and the Union Hospital Board so formed decides upon the size of the hospital and prepares the necessary plans and financial statements for submission to the Commissioner of Public Health and the Local Government Board. A date is then fixed for the poll, and the hospital district votes as a whole on the scheme. No single municipality or area can vote itself out of the district; the latter must be established as outlined or not at all. Where the area of the hospital district equals or exceeds twenty-seven townships (or three rural municipalities) the scheme carries by a majority vote, but if the area is less than three municipalities two-thirds of those voting must be in favor of the hospital before the scheme is considered as ratified. The procedure above described has apparently met the requirements of the rural residents of the province, for since this new legislation came into force a year ago fifteen new hospital districts have been established. There are in addition twenty-nine other

districts in which petitions are in circulation and which will doubtless be formed into Union Hospital districts during the present year.

"The cost of construction and maintenance of these hospitals is so arranged that the taxation on the ratepayers will be very light. The capital cost of the building, site and equipment is provided by issuing debentures, and the sums necessary to repay the principal and interest on the debentures are furnished by a general levy over the whole hospital district, which amounts to about three-quarters of a mill on the dollar of assessment, or about $1.90 per quarter section of assessable land, payable annually for the period of the debentures—usually twenty years. The maintenance expenses may be met either by charging fees to patients admitted, or by making an additional levy over the district to cover the cost of treatment. The latter method is adopted in nearly every case, as it promotes the community spirit in operating the hospital, and provides what is commonly, but incorrectly, known as 'free' treatment for all residents of the hospital district. The levy necessary to cover the maintenance charges may be taken at about one mill and one-third on the dollar, or about $3.00 per quarter section. The entire cost of construction, equipment, site and maintenance of the hospital may therefore be found by a levy of a little over two mills on the dollar, or a tax of less than $5.00 per quarter section. This is surely a moderate annual insurance premium for the farmer to pay for hospital care for himself, his wife, family and dependents. A clause in the Union Hospital Act provides for residents of a hospital district, should they be admitted to a hospital other than their local Union Hospital, to receive treatment at the same rates as those existing in their district, the hospital board being held responsible for the payment of fees to the amount chargeable for similar services by the local board.

"The activity shown in the Province of Saskatchewan in the organization of hospital districts has necessitated the preparation of instructions for the guidance of hospital boards and committees in the matter of hospital construction. These instructions have been issued after careful study of the latest

practice in hospital design, and particular attention has been given to local conditions in the province with a view to protecting hospital boards against the mistakes made by others in the past. The opportunity is taken to remind hospital boards that the health and wellbeing of the patient must not be subordinated to economy in construction. In selecting a site, first consideration must be given to the facilities available for a good water supply, and treatment and disposal of waste liquids, and no site is approved until satisfactory evidence is forthcoming, from tests made on the ground, that these essential sanitary features are available at or near the site. The plans for new rural hospitals are required to include a small isolation building and a separate residence for nurses.

"One of the difficulties in maintaining hospitals in the province has been the retention of qualified nurses on the hospital staff, owing to the absence of suitable facilities for recreation in off-duty hours. The practice adopted in the past of accommodating the nursing staff in the basement or attic of the hospital, has been largely responsible for the difficulty in retaining their services, and provision is accordingly made for a separate residence for the matron and nurses.

"Detailed information is also supplied to hospital boards on the subject of orientation of buildings, air space and ventilation necessary in wards, accommodation of the main hospital building, isolation hospital and nurses' residence, and the hospital equipment. The plans and specifications are subject to the closest examination, and the general intention is that when the new hospitals are completed the rural ratepayers who have furnished the money to construct them will have an institution, the site, construction, accommodation and equipment of which will be a continual source of pride to them.

"It may be interesting to conclude with an example showing the financial aspect of the Union Hospital scheme in detail, as it is explained by the Bureau of Public Health to the ratepayers, previous to the vote being taken. Let us assume that the Union Hospital district under consideration embraces three rural municipalities, a town and a village. The population of each rural municipality is, say, 1,500; that of the town, 1,200;

and the village 300; or a total population in the district of 6,000. Hospital accommodation is recommended on a basis of one bed per 300 of population, so that the district under consideration would require a twenty-bed hospital. The cost of site, construction and equipment of such a building is to-day about $50,000.00. The principal and interest on the debentures for this sum can be met by paying twenty annual instalments (on the annuity plan at seven per cent. interest) of $4,720.00. The total assessment of the proposed district is $6,000,000.00. An annual levy of 0.79 mill on the dollar will therefore provide the necessary annual payment of $4,720.00 on the capital cost of the hospital. Putting this another way, and averaging the value of the land at $15.00 an acre, the hospital can be built and equipped for a taxation of 1.18 cents per acre, or $1.88 per quarter section of 160 acres. The annual maintenance charges are estimated from statistics received from the various hospitals in the province. Taking the outside figure of $3.00 per day as the cost of maintaining a patient in hospital, there may be deducted from this the government grant of 50c.per patient per day, or a net cost to the hospital board of $2.50 per patient per day for food, nursing, light, water, heat, etc. The number of patients admitted to hospital from the average municipality is estimated at seventy-five, and the average length of stay in hospital per patient is fourteen days. The total annual cost of caring for patients at the hospital will therefore be 3x75x14x$2.50, or $7,875.00. An annual levy of 1.31 mill on the dollar will furnish this sum of $7,875.00. This is equivalent to 1.9 cents per acre, or $3.12 per quarter section. The hospital board is advised, however, to arrange with the councils of the towns and villages for a fixed daily charge to be made to patients from the urban centres, in lieu of a general levy on the town and village ratepayers for hospital maintenance. The urban ratepayers may prefer such an arrangement, as owing to the small assessment of the town and village in relation to population the levy for maintenance might be excessive. Adding the capital and maintenance costs we have a total rate of 2.10 mills for building, equipment and maintaining

the hospital, or a total cost per quarter section, if land is valued at $15.00 per acre, of $5.00.

"In 1915, twenty-eight hospitals with a total of 1,333 beds treated 13,335 patients, 1,296 of whom were maternity cases. In 1916, twenty-eight hospitals with a total of 1,438 beds treated 18,043 patients, of whom 1,686 were maternity cases. In 1917, thirty-four hospitals with a total of 1,680 beds treated 23,098 patients, of whom 2,451 were maternity cases. In 1918, thirty-six hospitals treated 29,664 patients, 2,700 of whom were maternity cases. It will thus be seen that almost double the number of patients received hospital treatment in 1917 as compared with 1915, and double the number of maternity cases were cared for in hospital in 1917, as compared with 1915. Of the total number of patients for the province in 1915, one out of every thirteen had hospital care. In 1916, one out of every eleven had hospital care; and in 1917, one out of every eight had hospital care. At present there is in Saskatchewan approximately one hospital bed for every 400 of its population. For 1918, the average cost for maintenance was $2.65. For 1919, the average cost in the eight city hospitals per patient was $2.99 per day. This hospital accommodation does not include the bed accommodation in the Provincial Sanatorium for the Treatment of Tuberculosis, which has a capacity of 300 beds and has been erected and equipped at a cost of nearly $500,000.00."

In reply to questions, the speaker informed the conference:

"That the Hospital Association in the Province of Saskatchewan was organized last year, having for its object the helping of hospital work. The association is composed of those directly interested in the hospital work, and doing what they can to improve hospital conditions in the province.

"The Municipal Act provides that the municipality shall pay for the hospital care and treatment of anyone unable to do so coming in from municipalities to the city hospitals, the hospital to notify the municipality that the hospital will expect payment for any such case, and accounts to be sent in within thirty days after the patient has left the hospital. For all cases not emergency cases, arrangements are to be made before the

patient is admitted. The ratio of population in Saskatchewan is one hospital bed to every 400. Saskatchewan is insisting upon better work being done in the hospitals, and the directors in the smaller hospitals are taking a very active interest in both the medical and the surgical work that is being done. The medical man or surgeon is not the final authority in the hospital. The directors or board of management of the hospital are above them, and it is to this body that the physicians and surgeons must give account. The directors, therefore, are really responsible for the medical and surgical work, and if they allow a man who has not fitted himself to do major surgical work, they (the directors) are responsible."

Dr. G. R. Peterson, of Saskatoon, spoke for the Saskatoon Hospital:

"I may say that we have had a $275,000.00 wing added to our hospital, and this will accommodate rural patients. Nothing has been done towards standardization by either of the two Saskatoon hospitals yet, but no doubt active steps will be taken."

Dr. O. E. Rothwell, of Regina:

"I think that members of the medical profession and the hospital directorate should deal jointly with matters pertaining to the hospital as regards organization and standardization. There are many problems confronting us, such as the dearth of nurses and probationers, and the question of finances. The latter problem should be solved by the people themselves and not through the method of raising the patients' fees. A larger daily grant should be given by the cities, and additional government grants should be forthcoming to relieve any financial difficulty, so as to make our hospitals more efficient."

Dr. Fyshe was not present to report for Alberta, and several present made remarks.

Dr. A. E. Archer, of Lamont, Alberta, Vice-President of the Alberta Hospital Association:

"We have a Hospital Association in our province which has been recently formed, and I expect that great value in

stimulating hospital interest will arise therefrom. We have undertaken considerable work with a view to hospital standardization in our institutions, and an effort is being made to accomplish in Alberta what has been done so successfully in Saskatchewan. The policy adopted by the Department of Health was that the power to say what territory should make up a municipal hospital district remained with the Government and not the municipalities. The assistance of the Government in the past proved very inadequate, but recent legislation will remove considerable of the financial difficulty. One clause in the Act which causes considerable trouble fails to determine what constitutes indigency—when a patient from one municipality had been treated in the hospital and should claim to be indigent, resulting in great difficulty collecting from the municipality concerned."

Dr. J. W. Warren reported for the Calgary General Hospital:

"The Calgary General Hospital is now a municipal institution and is managed by the Hospital Commissioners. This change took place last May. We are working along the same lines as the Holy Cross Hospital in following the minimum standard as laid down by the American College of Surgeons and the dealing with fee-splitting and other problems."

Dr. J. S. MacEachern reported for the Holy Cross Hospital:

"Every case admitted to the hospital must have a Case Record prepared within forty-eight hours and, like the Calgary General Hospital, we are both working towards hospital standardization as conscientiously as we can. During the past year encouraging progress has been made."

Dr. M. T. MacEachern, of Vancouver, reported for British Columbia:

"The British Columbia Hospital Association is now two years old, and was commenced originally through the efforts of the hospital of which I am superintendent. Interesting annual conventions are held, usually of three days' duration, and with a

very interesting programme. The objects of our Association are:—

"(*a*) To serve as a means of intercommunication and co-operation between the hospitals in British Columbia;
"(*b*) To establish, maintain and improve standards of hospital work;
"(*c*) To promote the efficiency of all hospitals in the Province;
"(*d*) To stimulate intensive and extensive hospital development;
"(*e*) To make all hospitals of more community service.

"These are earnestly lived up to.

"There are about ninety-five hospitals in British Columbia, inclusive of public, private, special and denominational, affording approximately 3,000 beds. Sixty-four or sixty-five of these receive municipal and provincial aid. The municipal aid may be either administered through a per diem allowance or a yearly grant, whereas the provincial aid is on a per diem allowance arranged according to a sliding scale as to number of days' treatment. The more days the less per diem rate. All institutions over 10,000 hospital days a year get 45c. per day for each patient in the institution. In the Vancouver General Hospital, for instance, we get 60c. per day from the City of Vancouver and 45c. per day from the province for each patient in our institution. All hospitals have their troubles, but they are mostly financial. Our Hospital Association is promoting greater team work amongst our institutions in the province, as well as stimulating greater efficiency, and finally, has become an influential body in guiding and moulding the hospital policy of our province.

"In British Columbia the Government, at its last session, enacted three Acts as follows:—

"(1) The Municipal Act providing that when any outside case is admitted to the Hospital from a municipality which is organized and the patient cannot pay, the

municipality from which he comes will have to pay $2.50 per day. (This Act is in operation.)

"(2) The Government has given the municipality power to add ten per cent. to the Amusement Tax—for hospital and educational purposes. (This amounts to a large sum in Vancouver.)

"(3) The Government has also given the municipality power to put on a Service Tax of $5.00 per head, for hospital and educational purposes.

"In conclusion, let me recommend very strongly that all provinces throughout Canada inaugurate Hospital Associations of this nature, these in turn to be affiliated with the Canadian Hospital Association, and that if this meeting proves a success the proposal of a Western Canada Hospital Association being formed, comprising the four provinces, should be considered. Through such an organization we could establish and stabilize a better hospital policy and promote standardization."

KITCHENER EXPECTED TO TAKE OVER HOSPITAL

Mayor Eden was recently notified by the Military Hospitals Commission that the city will be expected to take over the Freeport Military Hospital by December 1st next.

The institution was fitted up early in the war as a tuberculosis hospital by the city, but during the second year of the war it was turned over to the Government authorities for the accommodation of tubercular patients returning from the war. The accommodation was considerably increased, and during the past year between fifty and sixty returned men have been cared for there. It is proposed by the Military Commission to remove the soldiers to some of the larger and permanent hospitals in the Province.

Mayor Eden is of the opinion that after the institution is taken over by the city it should be turned into an Isolation Hospital for the county. Since the Government took it over about $70,000 has been expended in improvements.

Canadian Hospitals

GRADUATING EXERCISES HELD IN WOMEN'S COLLEGE HOSPITAL, TORONTO

"A HOSPITAL is not only bricks and mortar and operating room and wards. The great thing, the valuable thing, is the spirit in which the work is carried on, and that depends on the staff, nurses, doctors and all connected with it. If they are right, the spirit will be right, and we know that it is so in the Women's College Hospital," said Dr. B. P. Watson, addressing this year's graduates of the Women's College Hospital at the third graduating exercises, held in the West End Y.M.C.A. on June 22nd. As for equipment, Dr. Watson said, the Women's College Hospital ranks very high, and the training given the nurses is such that they will never have occasion to be ashamed, but, on the contrary, they will always be proud of their hospital. Under such training accuracy is emphasized and nothing slipshod allowed, and a sort of second conscience is thus developed which makes a good nurse and stands for good work wherever she may go. Dr. Watson urged the continuance of study. Medical science is a progressive science in which one must be learning all the time. Mrs. A. O. Rutherford, President of the Hospital Board, who presided, said "the little hospital which began so many years ago as a dispensary has proved its use in the City of Toronto." The hospital had doubled in five years, she said, and prophesied a similar growth in years to come. Mrs. H. M. Bowman, the superintendent of the hospital, told of fourteen graduates sent out, of whom, among those of the preceding two years, two were doing institutional work in Toronto and one in Illinois, one preparing for a foreign mission field, one married, one physically unfit for duty and one doing private nursing. Of this year's seven graduates, one will study medicine, two are preparing themselves, by further training, for institutional duty; two are going into public health nursing and two into private nursing. An Alumnae Association was formed last

year, and cordially received into the Graduate Nurses' Association of Ontario. The graduates, in order of their standing, which ranged from eighty-three to sixty-eight per cent., were: Miss Winnifred Maud Worth, Toronto; Miss Irene Josephine Ennis, Toronto; Miss Kathleen Turner, Toronto; Mrs. Leah F. Cooper, Schlossberg, Brooklyn, N.Y.; Miss Ethel Agnes Tobin, Port Carling, Ont.; Miss Mary Chalk, Willowdale, Ont.; Miss Margaret Campbell-Malloch, Brantford, Ont. Lady Eaton, who has been a staunch friend and helper to the hospital during times of a good deal of stress and effort, presented the diplomas and school pins to the graduates. A reception followed the exercises, which had been planned to be held in the garden of the nurses' residence. The weather had made this impossible, but the hall in the West End Y.M.C.A. was banked with beautiful flowers and the nurses themselves, the staff nurses and the graduating class, in white with pink roses, and the undergraduates in trim uniforms of blue, looked very charming.

ALEXANDRA HOSPITAL NURSES' GRADUATION

The graduation exercises in connection with the Royal Alexandra Hospital, Fergus, were held on June 25th, in Melville Presbyterian Church.

The Florence Nightingale oath was administered by Dr. A. Groves, the Medical Superintendent of the institution, who also addressed the graduating class, and gave the public some facts about the hospital since its foundation, the patronage being greatly extended until it now has a provincial reputation.

After the service in the church, the relatives and friends of the nurses met at the hospital in a reception, where a pleasant hour was spent.

The members of the graduating class of 1920, are: Lillian M. Shelton, Walkerton; Ina M. Trowhill, Guelph; Mary K. Jackson, Orangeville; Mary P. Drummond, Kincardine; Jessie A. Golightly, Monkton; Hazel E. Archibald, Walton.

GRADUATION OF NURSES AT "HOMEWOOD"

The graduating exercises of the Homewood Sanitarium nurses of the class of 1920 took place on June 24th, in the amusement hall of the Sanitarium. There was a very large audience. The "Florence Nightingale" was administered to the nurses by Dr. Hodgins, one of the assistant physicians and lecturer. Diplomas were presented to Misses Katherine McEachern, Mary A. Anderson, Annie Finch, Annabel Brown and Bella Luby by the Ven. Archdeacon Mackintosh of this city. The first prize, consisting of a gold watch donated by the President, F. C. Jarvis, was awarded to Miss McEachern, and a silver watch, a second prize, donated by C. L. Dunbar, to Miss Anderson. The Superintendent, Dr. A. T. Hobbs, presented the nurses' text-books, donated by him, to the two nurses standing first in the junior class, namely, Miss Peacock and Miss Brownsell, whose marks were equal.

BARRIE NURSES GRADUATE

Miss Carrie Locke, of Rugby, is the gold medalist of the graduating class of nurses who received their diplomas from the Royal Victoria Hospital, Barrie, on June 17th. Other members of the class are Miss May Stewart, of Barrie; Miss Jean McWaters, of Echo Bay, and Miss Amy Caldwell, Shanty Bay. Graduates from Barrie Hospital now number more than eighty.

NEW SUPERINTENDENT FOR GUELPH HOSPITAL

The Board of Directors of the General Hospital at Guelph, have accepted the application of Miss Stewart, of Toronto, as Lady Superintendent of the hospital, to fill the position caused by the resignation of Miss Forgie. Miss Stewart is a nurse of wide experience, having been Matron at the Beechborough Hospital, England, all during the war, and had previously held other responsible positions.

MONTREAL NURSES GRADUATED

At the graduating exercises of the Montreal General Hospital Training School for Nurses, on June 17th, forty-two members of the graduating class received diplomas. The prize winners of the class were Miss Helen Peters, of St. John's, Nfld., and Miss Beatrice Wells, of Montreal. Among the graduates were Miss Annie Barclay, Winchester, Ont.; Miss Pauline Carroll, Iroquois, Ont.; Miss Maud Golding, Lynedoch, Ont.; Miss Janet McNab, Ottawa, Ont.; Miss McKenzie McIntosh, Lancaster, Ont.; Miss Margaret Morrison, Dalhousie Mills, Ont.; Miss Beatrice Sinton, Ottawa; Miss Eva Sproule, Vankleek Hill, Ont.; Miss Jean Vizard, Ottawa; Miss Dorothy Wallace, Toronto.

GRACE HOSPITAL NURSES GRADUATE

The graduating exercises of Grace Hospital, Toronto, took place on June 11th in the Metropolitan Assembly Rooms on College Street, when fifteen nurses received diplomas. Mr. J. E. Atkinson presided, and Rev. T. G. Wallace gave the opening prayer. Mrs. Jean Blewett addressed the graduates. Following the ceremony, Miss Rowan, Superintendent of the hospital, and the graduating class, held a reception, and an informal dance brought the happy affair to a close.

The fifteen graduates were Josephine Reid, Georgetown; Gladys Alma Faulds, Mount Brydges; Mabel May Shirkey, Chesterville; Anna Mildred Chalk, Alvinston; Ella May Stargo, Bowmanville; Eva Luella Harrison, Mount Albert; Lorna Lacey, Hillsburg; Mary Dawson, Bailieboro'; Myrna Ethelwyn Wright, Welland; Mary Evelyn Taylor, Aurora; Retta Somerset Franks, Toronto; Emma Jane Walters, Wingham; Margaret Anna Sherman, Shelburne; Mary Ellen Beatrice Nairn, Toronto; Claire Louise Tilt, Toronto.

The special prizes were presented as follows:

Staff gold medal for graduates, won by Miss Taylor, and presented by Dr. Griffith.

Staff silver medal, won by Miss Chalk, and presented by Dr. Wales.

Van der Smissen medal for general proficiency, won by Miss Shirkey, and presented by Dr. McConnell.

Mrs. R. B. Hamilton's prize for neatness, won by Miss Dawson and presented by the donor.

The Mary Powell prize for surgical technique, won by Miss Chalk and presented by Dr. N. A. Powell.

Staff prize for highest standing in second year, won by Olga Louise Tod, and presented by Dr. T. A. Davies.

Staff prize for highest standing in first year, won by Miss Margaret Reid, and presented by Dr. R. A. Thomas.

Hypodermic syringes to the graduates, the gift of the staff, presented by Dr. C. A. Warren.

ONTARIO HOSPITAL NURSES' GRADUATION

In the presence of a large gathering of representative citizens the nursing graduates of the Ontario Hospital, Brockville, were recently presented with their diplomas, pins and prizes. The graduates are: Misses Gladys Spinsby, Hazel Stein, Pearl Durant, Brockville; Emily Richie, Sydenham; Helen Kyle, Belleville; Sarah Dow, Cornwall; Marie L. Quinlan, Ottawa.

APATHY CAUSES HOSPITAL BY-LAW TO FAIL

Because of apathy on the part of the electorate, the hospital by-law, voted on June 19th at Galt, to raise $30,000 for completion of work undertaken under a previous by-law, installation of a central heating plant, remodelling of the Nurses' Cottage into a maternity hospital and installation of a water-softening plant, was not carried because not sufficient votes were polled. The law now requires that one-third of the total vote, which was 738 votes, must be cast for a hospital by-law to carry it, while the vote was 512 for and 127 against, with the work partly completed. It now looks as if the money will have to be raised some other way and the job finished.

Hospital Items

DIRECT HEALTH COURSE

Miss E. Kathleen Russell, of the City Health Department, Toronto, has been appointed to the newly-created position of Director of the Public Health course at the University of Toronto. After an extensive vacation, Miss Russell will take up her new duties in the autumn.

A Nova Scotian by birth, Miss Russell is a graduate of King's College, Windsor, and later of the Toronto General Hospital, with a post graduate course in Social Service at the University of Toronto. She has been attached to the City Health Department for the past year.

To supplement the nurses for whom the Provincial Department of Health has arranged a special short course, preparatory to their being sent out to the various health centres in the Province for survey and demonstration work, the Ontario Red Cross has enrolled eight graduate nurses, who will take a duplicate course and will also be sent out by the Provincial Health Department to assist in the work undertaken. While directly under the control of the Government department, the nurses will retain their identity as Red Cross workers.

EDITH CAVELL MEMORIAL

A cheque for $1,000 has just been sent by the Provincial Government to the committee in charge of the Edith Cavell and Military Nurses Bronze Memorial Fund. This memorial, which is to be placed at the north-west corner of the General Hospital grounds, will consist of a triple granite arch, the central panel being a bronze relief, while the side points will bear the names of forty-six Canadian nurses who lost their lives over-

seas. The model, which is the work of Miss Florence Wylie, the sculptor, is almost ready for casting.

This tribute to the heroism of our Canadian women is to be fourteen feet long and eleven feet high.

WOMEN NOW ELIGIBLE FOR VICTORIA CROSS

By a Royal decree published on June 18th, women will in the future be eligible for the Victoria Cross. The decree provides that matrons, sisters, nurses and the staff of nursing services and other services pertaining to hospitals and nursing, and civilians of either sex serving regularly or temporarily under the orders, direction or supervision of the British forces, shall be eligible for the decoration of the cross.

RESULTS OF ROSE DAY

On rose day, June 17th, almost sixteen thousand dollars were collected in the streets of Toronto for the different hospitals throughout the city. The committe are certainly to be congratulated upon their splendid work. The sum collected will be allotted to the I.O.D.E. Preventorium, Hospital for Sick Children, Protestant Orphan's Home, Boy's Home, Girls' Home, Earlscourt Children's Home, West End Creche, Children's Aid Society, and the Hospital for Incurable Children, none of which belong to the Federation for Community Service.

EXONERATES HOSPITAL

An inquest into the death of Wm. Goodwin, aged 39, 481 Jones avenue, Toronto, who died as a result of a fall from a balcony window at the General Hospital, exonerated the hospital authorities from blame.

Obituary

THE LATE SIR HENRY BURDETT

The death of Sir Henry Burdett on the 29th ult., in his seventy-fourth year, has removed a remarkable personality from the hospital world. In his special sphere of activity his reputation was world-wide. It brought him into close contact with the royal families of this and other countries, as well as with distinguished persons in all grades of social and business life, who encouraged and supported him in his great undertakings, the eventual success of which now remain as memorials of his energy, enterprise and laudable ambition. The writer became acquainted with him in 1878, while holding a resident appointment at the Seamen's Hospital, Greenwich, where Sir Henry Burdett was the secretary. In these early days his great avidity for work was a marked feature of his life. He seemed always to be planning schemes for improvement in hospital administration. He became the guide, and practically the chief, of his committee, and a natural confidence in himself made responsibilities to rest lightly upon him. Under his guidance the smooth working of the institution was never subject to interruption. There was a firmness in his administration which, however, was never felt. As an official in authority he acquired the confidence of those over whom he ruled; of criticism of him as secretary there was none. In those early days his personality was marked by a natural geniality and friendliness; his buoyancy of spirit was infective. Life with him seemed to be the embodiment of happiness. While vigorous in work, he displayed the same vigor in play—at the times he allowed himself recreation. Incidentally, he sang vigorously in the hospital chapel at the Sunday morning services; but it was noticeable that his sonorous tones did not correspond with those of the music. Every young resident during Sir Henry Burdett's secretaryship must have come to regard him as a friend with whom it was a pleasure to be associated.

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Imperial Fire Extinguishers

No hospital superintendent questions for one moment the absolute necessity of a hospital being protected in every way from fire. During the past few years, fires with accompanying loss of life have occurred in hospitals here and there in Canada and which loss of life might have been avoided had the institution been protected more effectively by the installation of fire extinguishers. The attention of hospital superintendents is called to the "Imperial" fire extinguisher, manufactured by the Booth Coulter Co., Toronto. This equipment can be operated by anyone, as all that has to be done is to *turn it upside down* and it is at work immediately. They are quite inexpensive and should be installed in every floor of an institution. By so doing a fire can be extinguished before it gets a start and long before the fire brigade is on hand. Such an apparatus is infinitely preferable to a fire pail which at the best can only be handled by a strong man.

Dickens was a Smoker

THE present revival of interest in the history and writings of Charles Dickens, is attributed to the fact that this year marks the fiftieth anniversary of his death, which occurred on the 9th of June, 1870. An admirer of the famous English novelist points out that it is not generally known that Dickens was fond of his cigarette. "The fact has been unearthed," he says, "that the great author was a devotee of the little nicotian goddess." For brain-workers, the cigarette is a true friend in need.

The Use of Certified Milk

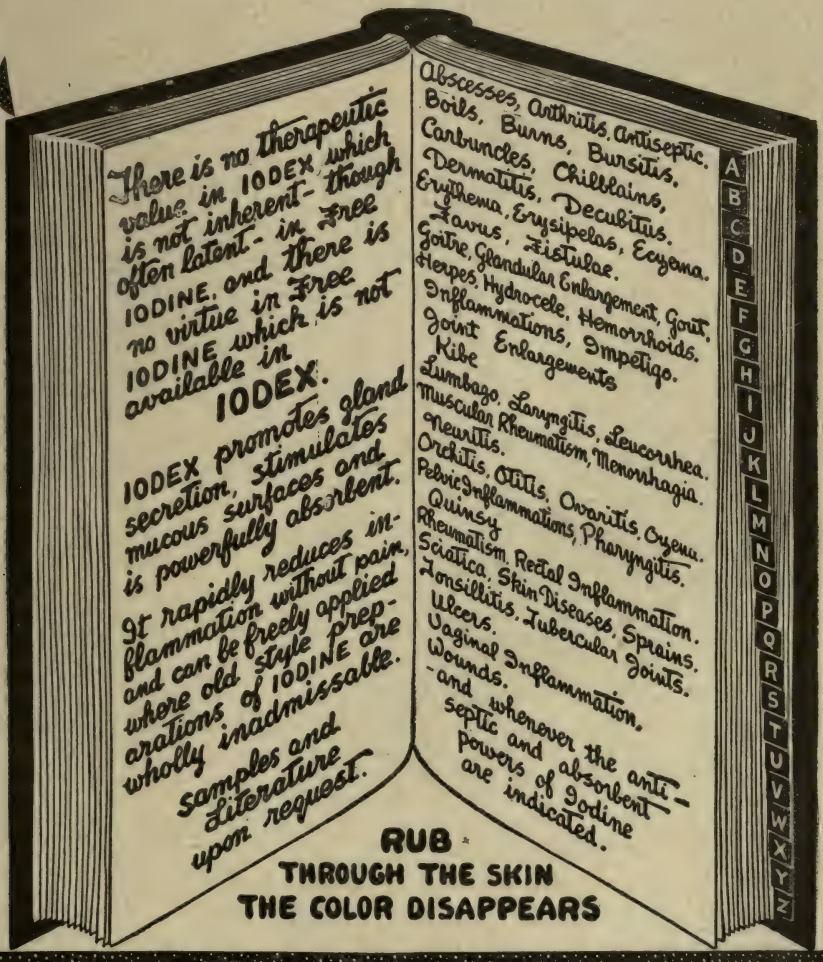
THE theory of pasteurization is sound in that it certainly sterilizes the milk. It has been claimed by some schools, however, that certain organic changes in the milk take place under pasteurization which makes it less desirable with certain patients, from a digestive standpoint, than absolutely and natively pure unpasteurized milk.

The City Dairy is naturally one of the foremost proponents of the theory and practice of pasteurization, and from a commercial standpoint it is undoubtedly the most practical plan to

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secure "pure" milk. To satisfy the demand for "certified milk" however, which is unpasteurized, the City Dairy conducts a service under the rules of the Academy of Medicine whereby the milk is secured from their own private herd of selected cows. Such milk has a high butter fat content, and is kept at a low temperature from the time of milking to the time of delivery. In the City Dairy, after bottling, it is packed in separate ice-lined containers during moderate hot weather, and otherwise protected against freezing in the winter.

The bacteria count is unusually low and the City Dairy is the only Company at the present time that is going to the expense and trouble of producing this milk, which, from a purely commercial standpoint, is not a profitable venture.

Pure Confectionery

As physicians know, patients convalescing from what may be a prolonged illness, particularly in fever cases where the temperature has been high and thirst a more or less prominent symptom, appreciate very much a moderate amount of candy, not only to take away the taste of their medicine, but as a means of removing the fur from the tongue. It is of the highest importance that such persons be given only the purest and the best of confectionery. If their friends in purchasing will just bear in mind the name "Neilson's," they can rest assured that they are getting the finest obtainable, such candies having a definite "food value" and most refreshing to young and old whether in sickness or in health.—*Nuf Sed.*

The Color of Cocoa

One of the interesting things about cocoa is its color, and it is one test for purity that the housekeeper can easily apply by purchasing a can of Baker's Breakfast Cocoa and noting carefully its rich, red brown color. This is the natural color of high grade cocoa beans unchanged by the action of chemicals. When cocoa has been subjected to the chemical or so-called "Dutch" process it takes on a much darker color, sometimes nearly black.

In the manufacture of Baker's Cocoa no chemicals are used; after being carefully selected and roasted the cocoa beans are ground exceedingly fine and a portion of the oil or cocoa butter is taken out by hydraulic pressure.

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NOTHING is perhaps more refreshing for use by the convalescent sick than a pure Cocoa, properly prepared. As a sick-room beverage, it can hardly be excelled, being mildly stimulating and containing considerable nourishment. Cowan's Cocoa can be recommended by physicians on account of its high quality and absolute purity. It is made of the best selected cocoa beans, scientifically blended, and contains no foreign elements. Cowan's Cocoa is made in one of the most up-to-date factories to be found anywhere in the Dominion, a factory where sanitary conditions are at all times maintained.

Upson Fibre Tile

THE attention of hospital superintendents is called to the announcement of the Woodbridge Co., 43 Hayter Street, Toronto, appearing in this and subsequent issues of THE HOSPITAL WORLD. This firm are the manufacturers of Upson Fibre Tile, a material that makes an ideal wall board for hospitals, kitchen cabinets, booths, etc. This tiling is snow-white and waterproof, suitable for all interior work and is a non-conductor. Their three-sixteenths board with smooth finish is being adopted by several hospitals as screens on castors to swing around the cots in the wards. It is exceedingly attractive for this purpose and will doubtless be used more and more by institutions. The Upson Tile effect for a dado from the base up, also adds materially to the appearance of the kitchen, ward or pantry. Another line manufactured by this Company is known as the Star Linabestos Wall Board. It is particularly suitable on account of its being not only germ proof, but also fire and waterproof.

These comprise but two lines made by the Woodbridge Co., and any hospital intending to build a wing or make any addition to their present building would be acting in their own interests in communicating first with this firm, who will gladly submit tenders on application.

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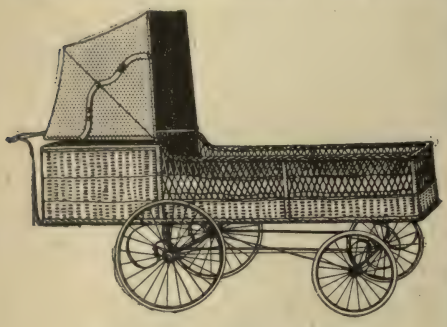
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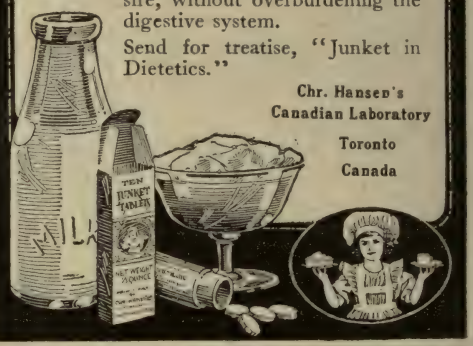
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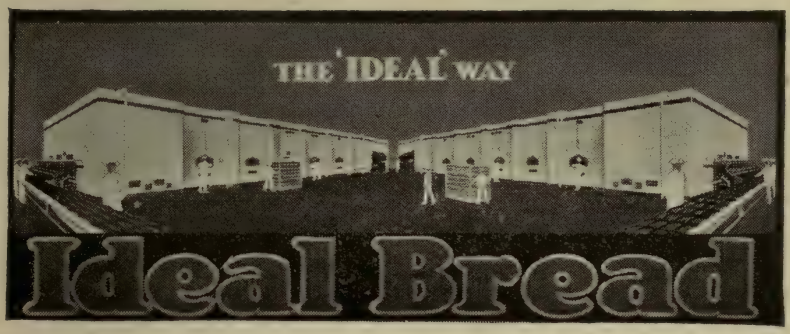
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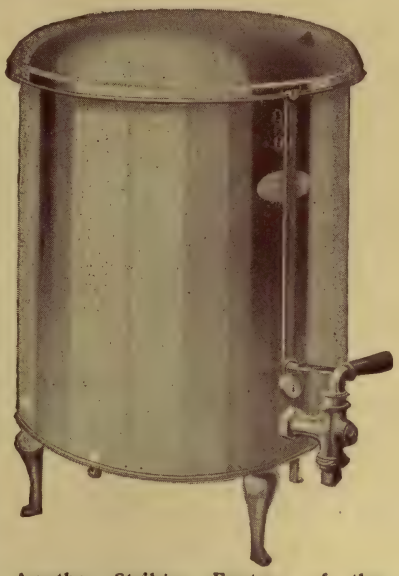
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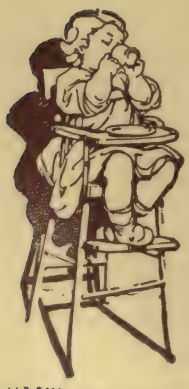
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for disinfecting sinks, closets and drains. It is also ideal for the cleansing of urinals and bed pans—in fact any vessel that requires disinfecting. Gillett's Lye should always be used for scrubbing hospital bath tubs and operating room floors.

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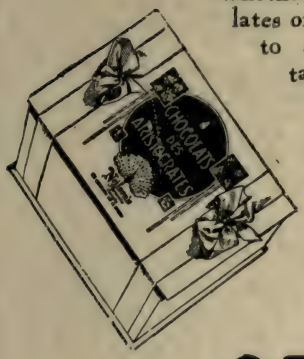
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And we wish men to know that whether they personally care about chocolates or not, there is nothing they can take to a maiden that will so gratify her taste for really fine confectionery as will a box of Neilson's Chocolates.



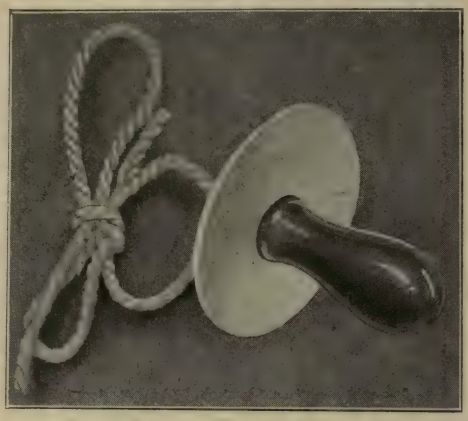


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"The Chocolates that are Different"

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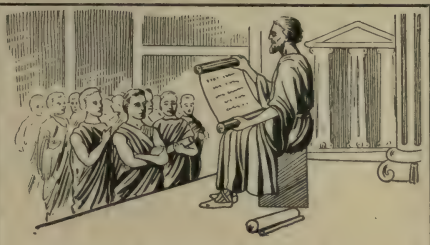
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After over twelve years as an Optician with

The T. Eaton Co., Ltd.

I have opened a fully equipped Optical Parlor at 698 Yonge St., where with the latest automatic machinery for edging lenses and my long experience in fitting glasses, I can guarantee your patients quick and accurate service in filling your prescription.

ROBERT S. WHITE
Prescription Optician
698 Yonge Street - Toronto



Hippocrates

The father of medicine lived about 400 B.C. and belonged to a family that had for generations practiced the healing arts. In his time he established an important reform in experimental for speculative theories.

Had Hippocrates the opportunities of the twentieth century it is safe to say his experiments would have convinced him of the value of a saline aperient, such as Pluto Water, in the treatment of kidney, liver and stomach troubles, rheumatism and nervous disorders.

PLUTO

FRENCH LICK SPRINGS HOTEL CO
French Lick, Indiana

A CURITY Letter to Hospital Executives

There's only one way to know a good bandage---and that is to test it out for yourself.

If you are a hospital executive we want to send you a two-inch CURITY smooth cut bandage. This is to be put to the severest test---notice the freedom from cotton dust and long loose threads which are so troublesome in binding wounds.

See also our advertisement on page iv.

Lewis Manufacturing Co.
Walpole, Mass., U.S.A.
New York Chicago Cleveland Atlanta Philadelphia Kansas City San Francisco

H.W. 9

LEWIS MANUFACTURING CO.,
Walpole, Mass. Date.....

I want to see for myself just what superior quality CURITY bandages have. Please send me a sample 2-inch bandage. I have checked other CURITY products in which I am interested.

BANDAGES ABSORBENT GAUZE SHEETS SHEETINGS
BANDAGE ROLLS ABSORBENT COTTON PILLOW CASES

Name..... Position.....

Institution..... Street.....

City..... State.....

H. W. 9

To the Medical Profession

Specify—

UPSON FIBRE TILE—an ideal Wallboard for Hospitals, Kitchen Cabinets, Booths, etc., a snow white waterproof tile for all interiors.
(Non-conductor)

STAR BRAND ASBESTOS—Lumber, Wall, Ceiling and Floor Board — fireproof, waterproof, germproof, for interior and exterior use.
(Non-conductor)

A beautiful everlasting soft grey color, or can be tinted in soft tones of beauty.

Recommended by the Medical Profession everywhere. Write for samples.

The Woodbridge Company
Selling Agents, 43-47 Hayter St., Toronto, Ont.

92% OF THE HOSPITALS

WHO FAVOR US WITH THEIR PATRONAGE, BUY

"ABSORBON"

The Low-Priced Absorbent Cotton of Quality

in preference to other brands, because it is better value at the price than any other brand on this market.

Guaranteed pure, sterile—passes through the same 50 different operations as our higher grades—sells for less because made from short staple cotton which costs less than long fibre cotton though quality is identical.

Investigate—A postcard brings samples and prices to your desk.



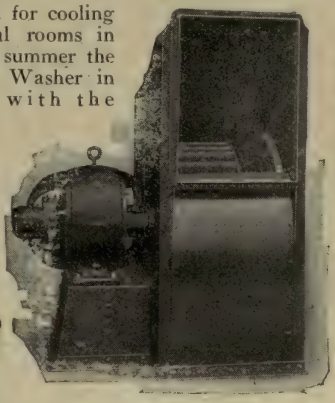
Maplewood Mills
Largest Manufacturers in the World
1296 Stafford Road, Fall River, Mass.



WASHED AIR

The necessity of ample ventilation in hospitals is not receiving the proper attention by those most concerned. Although absolute cleanliness is paramount in the mind of the physician it is really surprising that this question is so frequently lost sight of when hospital ventilation is considered. This matter is being brought forward by the leading engineers and is gradually coming into its own.

When used for cooling the hospital rooms in the heat of summer the Carrier Air Washer in connection with the Canadian Fan System proves efficacious and convenient.



Our new catalogue
"Fan System of Heating, Ventilating and Humidifying"
will be sent on request.

Canadian Blower & Forge Company
Limited
Kitchener, Ontario

YOUR BATTERY LOSES ITS VIGO

Because the positive paste falls off the grid. The diamond grid of the "Philadelphia" battery holds the paste between two lattices of lead, outside of which a slotted hard rubber insulation plate retains even small loosened granules.

TWO YEARS of service guaranteed in any high-grade car.
Ask for literature.

PHILADELPHIA
BATTERY SHOP
69 Richmond St. East
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Accuracy -- Our Watchword

Knowing and appreciating the vital importance of filling prescriptions to the letter, we guarantee our work to be correct in every detail

Have YOU tried our Service?

Toronto Opticians
6 Limited BLOOR ST E

Sal Hepatica

THE STANDARD SALINE LAXATIVE



Samples on request

Bristol-Myers Co.
New York

MARVELLO

Marks New Era in Hospital Cleaning

WHERE COMPLETE CLEANLINESS
AND SANITATION ARE SO VITAL

Sanitary-Economical Antiseptic Labor-Saving

CLEANS EVERYTHING INSTANTLY

REMOVES ALL ODORS

It is a well-known fact that the ordinary cleanser functions only through vigorous scrubbing and then only imperfectly, as a close examination will reveal much of the dirt still intact.

The action of Marvello constitutes a distinct advancement in cleansing in that it

CLEANS HYGIENICALLY AND CHEMICALLY

Dissolves immediately, forming a natural chemical action, giving it force to dissolve and loosen (not eat as do acids) all substances such as dirt and grease, and at the same time acts as a Positive Germicide.

Marvello has a wide field of usefulness in the hospital, and is particularly effective for cleansing and removing odors from bedpans, puspans, basins, sinks, and all kinds of enameled containers.

Use of Marvello means one hundred per cent. reduction in labor. No rubbing or scrubbing required. Is used with wonderful success for cleaning wooden floors, woodwork, tiling, marble terraza and cement floors, painted walls and windows.

GUARANTEED ABSOLUTELY HARMLESS

Send for a free sample

Universal Sales Co., Limited

22 Mark Street, Toronto



DESCRIPTION OF DOLL.—Over 5 feet tall, made of finely woven stockinet. Is durable, waterproof and sanitary. Has copper Reservoir which has three tubes leading into it, corresponding in location and size to the urethra, vaginal and rectal passages.

No Hospital Training School complete without

The Chase Hospital Doll

Adult size, also infant models, 2, 4 and 12 months, and 4-year-old sizes

Chase dolls are well made of cloth, jointed, and painted with waterproof paint, with internal reservoirs.

The Value

of this substitute of a living model is found in the many practical lessons which can be taught in the class room, such as handling of patients, administering enema, douching, probing in the ear and nose cavities—in short, the complete care of the patient.



We make dolls without reservoir if desired. Send for illustrated booklet giving full particulars.

M. J. CHASE

22 Park Place, Pawtucket, R.I.

Easifirst

The economical Shortening that will raise your baking and cooking to the highest point of perfection.

Get a trial carton with your next order.

GUNNS LIMITED

West Toronto, Ont.

We can make

Special Forms

exactly duplicating any hand.

Can put name on any gloves so that it will not sterilize off.

Insure to your own use the gloves you pay for



Specialists in the Manufacture of

Seamless Rubber Goods

Of Every Description

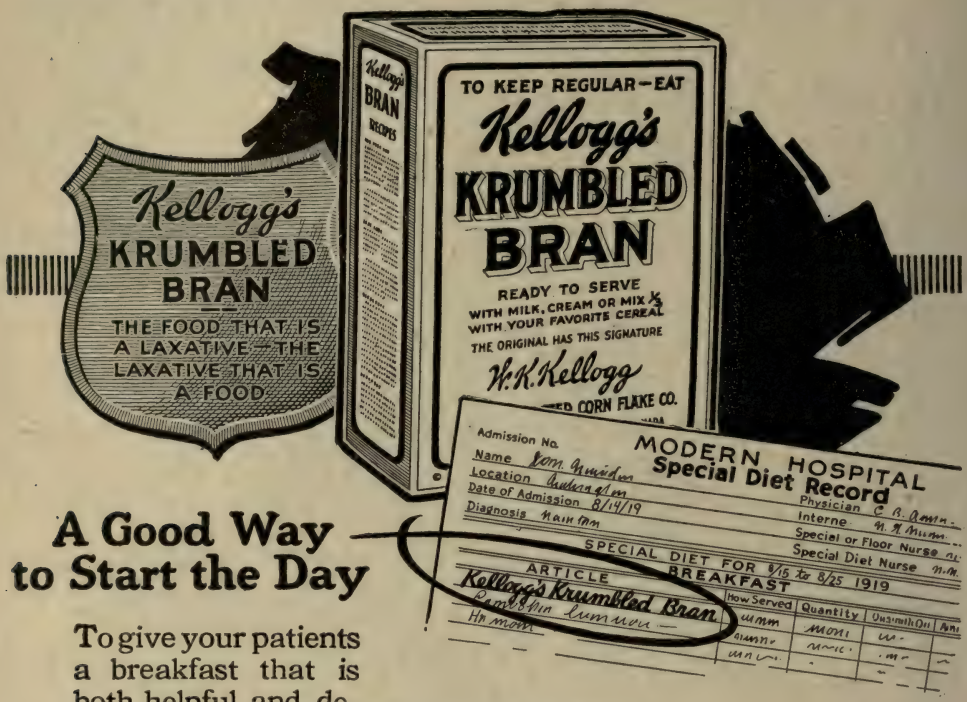
The Only Makers of

Seamless Rubber Gloves

in Canada

Sterling Rubber Co., Limited

GUELPH



A Good Way to Start the Day

To give your patients a breakfast that is both helpful and delicious, specify Kellogg's Krumbled Bran.

Your patients will enjoy it. It does not look like bran; it does not taste like bran—yet it is *all* bran. When you begin giving it to your patients you need have no more difficulty in getting them to eat bran to overcome constipation. Once they have tasted Kellogg's Krumbled Bran further persuasion is unnecessary. It retains the rich flavor and the mineral salts of the grain, and in both appearance and taste is a tempting food.

Kellogg's Krumbled Bran is ready to eat, just as it comes in our "wax-tite" package, which insures its freshness and cleanliness. Of course it makes splendid muffins, bread, puddings, etc.

Each package is guaranteed by the signature of—

W. K. Kellogg

KELLOGG TOASTED CORN FLAKE CO.

Battle Creek, Michigan Toronto, Canada

Cleanliness Makes for Health

There is neither age limit nor exemption—every man, woman and child has a daily fight to carry on against germs and microbes of disease. Use

LIFEBUOY HEALTH SOAP

for a victorious and delightful toilet, for a refreshing bath, and for a thorough cleansing of the home.



Try a Lifebuoy "wash-up" yourself, Doctor—see if you don't relish the pure, velvety lather of its healing vegetable oils.



Grocers and stores everywhere

Lever Brothers Limited, Toronto

Is your Culinary Department Modernized with

PURE ALUMINUM COOKING UTENSILS?

"SEAMLESS WATER PAIL"



WRITE FOR CATALOGS

A FULL LINE OF

PURE ALUMINUM COOKING UTENSILS

are manufactured by

The Louis McLain Co., Ltd.

AT TORONTO FACTORIES

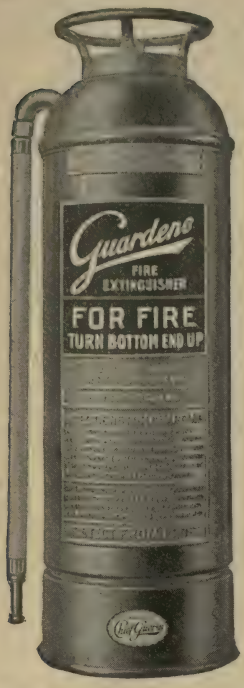
where

The Louis McLain Line and Hudson Line Aluminum Ware

ARE MADE

2466 to 2480 Dundas St. West

TORONTO, CANADA



The Prevention of Fires in Hospitals

Of all buildings where a fire should be rendered an impossibility, a Hospital, Asylum or Sanatorium should come first. There should not be an Institution taking care of the sick whose Medical Superintendent does not give this first consideration.

The most effective means yet discovered of extinguishing a fire in its incipient stage is

THE

Pyrene Fire Extinguisher

A fire appliance approved by the National Board of Fire Underwriters.

PYRENE in the Hospital will relieve you of that unpleasant feeling of worry and strain, and the thought that some day you will be visited by fire which will perhaps destroy both life and property.

PYRENE Liquid is a combination of purely organic materials, having an aromatic odor and a high specific gravity. PYRENE contains neither acid, alkali, salts nor moisture, and will not stain the most delicate fabric or injure anything with which it may come in contact.

15% off Insurance rate when Pyrene is installed on auto or motor truck

When PYRENE Liquid is subjected to a temperature of 90 degrees F. or over, it is immediately transformed into a heavy dry, cohering, non-poisonous gas blanket which surrounds the burning material, cutting off the air supply necessary for the life of the fire, and thereby extinguishing it.

PYRENE IS A NON-CONDUCTOR OF ELECTRICITY

A PYRENE FIRE EXTINGUISHER should be placed in the corridors, pantries, wards, operating-rooms, Superintendent's and janitor's rooms, kitchen, boiler-room and in close proximity to the nurses' sleeping apartments. By so doing an incipient blaze can be immediately put out. It can be operated by a nurse or a boy.

Prices on application



The Pyrene Manufacturing Co.

of Canada, Limited

118 Craig Street West, Montreal, Que.

World-Wide Service to Hospitals

Our line is limited only by the maximum demands of the Modern Institution and we invite comparison of quality with the highest priced goods in the world



Write for Catalogue No. 20

showing a complete and up-to-date line of

Hospital Furniture **Surgical Instruments**
Medical Supplies **Drugs and Pharmaceuticals**

Order by Mail — Direct from Factory

Our Unconditional Guarantee Assures You of Personal Satisfaction on Every Order

FRANK S. BETZ CO.

CHICAGO 30 E. Randolph St.
HAMMOND, IND. U. S. A.
NEW YORK 6-8 W. 48th St



Comfort and Purity go together

Pillows that are comfortable to a degree---that are filled with the highest grade of down or feathers that are first of all thoroughly washed and sterilized and then steam-dried---that are covered in tickings of the best quality and most attractive designs---and "Feather-Proof."

SUCH ARE

Simmons Feather-Proof Pillows

Simmons Pillows are guaranteed to fill all requirements of the modern hospital.

They *invite sleep*

SIMMONS LIMITED

Executive Offices : MONTREAL
Works at :
St. John, Montreal, Toronto, Winnipeg, Calgary, Vancouver

Lyons Urns Will Be Demonstrated at the

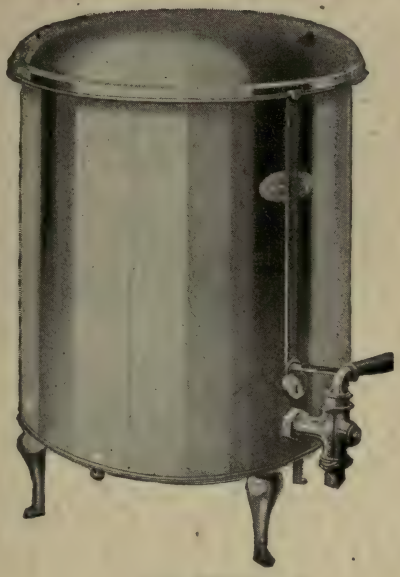
AMERICAN PUBLIC HEALTH ASSOCIATION CONVENTION
Sept. 13th to 17th, San Francisco, Cal.

AMERICAN HOSPITAL ASSOCIATION CONVENTION
Oct. 4th to 8th, Montreal, Canada

AMERICAN DIETETIC ASSOCIATION CONVENTION
Oct. 25th to 27th, New York City

CLEAN RICH MILK

FOR YOUR PATIENTS



FOR YOUR EMPLOYEES

Lyons Urn for the Diet Kitchen

Lyons Urn for the Mess-Hall

Lyons Milk Urn

Dipping Milk Is Sloppy——Bottled Milk Is Costly

LYONS SANITARY MILK URN is the only urn that dispenses milk containing the *proper percentage of butterfats* in each and every glass served, without any mixing or other agitating mechanism. It makes no difference whether the milk remains in the urn 2 minutes or 24 hours. All you need do is place the day's supply of milk into the urn and *draw it out through the faucet as you need it.* The milk will always be sweet, clean, cold and fresh.

Another striking feature of the Lyons Urn is that the cover and faucet can be locked after each meal.

You can purchase Lyons Urns in any supply store or direct from us

LYONS SANITARY URN CO.

335 EAST 44th STREET **NEW YORK CITY**

RANFAC PRODUCTS

Again---This Year at the Montreal Convention---A.H.A.

We will put our time against yours for a Test of Your Clinical Thermometer.



Reports of certain examinations of Clinical Thermometers by the Commissioner of Standards of Massachusetts, show rejections of unfit and dangerous instruments to average over thirty per cent. (30%) of all that were tested.

And, more recently, in New York City, the Health Department after investigation and test of various makes of Clinical Thermometers, declares fifty-four per cent. (54%) of the Clinicals in use in the City to be unreliable.

A principal factor in this situation is the fact that Purchasers are not in position to make scientific tests, and therefore cannot adequately judge either in buying or rejecting such instruments.

In order to bring the essential facts directly to the notice of the Hospital Authorities and to help educate those responsible in such matters, we are installing a complete Testing Apparatus in Booth No. 65, Convention Hall, Hotel Windsor, Montreal, where Technically qualified Representatives will Test all Thermometers presented.

You will, we believe, do yourselves a service by having your representative at the Convention bring some quantity of the Clinical Thermometers you have in store or are using in your Wards, and have them Tested by our Experts. Any such work done by us will be without obligation on your part, and we shall welcome the opportunity of serving you in this manner.

THE RANDALL-FAICHNEY COMPANY, INC.,
Thermometer Makers since 1888. BOSTON, U. S. A.

THE ARTHUR SALES COMPANY
CANADIAN REPRESENTATIVES, 61 Adelaide St. E., Toronto, Ont.

A. H. A. CONVENTION, MONTREAL
October 4th to 10th, Hotel Windsor, Booth No. 65.

HARVARD Clinicals

DOUBLE TRAGEDY AT OTTAWA WILL BE INVESTIGATED

Two Women Suffocated in Fire at Private Maternity Hospital

WIRING WAS PRIMITIVE

Proprietor of Hospital Says He Was Never Instructed To Install Fire Escapes

Ottawa, May 13.—(By Canadian Press.)—It has been decided to conduct a searching investigation into the fire which occurred early this morning at the private maternity hospital of Dr. F. C. Hagar, in which two patients lost their lives. The deputy fire marshal of Ontario, Mr. George F. Lewis, of Toronto, in Ottawa

Two Lives That Might Have Been Saved

by a

Northern Electric

GAMEWELL

Fire Alarm System

THERE is nothing more tragic than a Hospital fire. Yet in these days of supposed enlightenment, accurate statistics tell us that in Canada and the United States, a hospital burns every day.

Largely because of ignorance and carelessness and a criminal disregard of the fundamentals of fire prevention and fire protection, the lives of new-born babies, their mothers, of orphans, of the crippled and the blind are snuffed out singly, in small groups and occasionally by the score.

A Northern Electric - Gamewell Fire Alarm System might have prevented this tragedy. One thing is certain—it would have provided the quickest and most dependable method known to modern science of bringing the Civic Fire Department to the scene of the fire.

There is a Northern Electric System to meet the requirements of every institution in this country be it large or small.

To-day's investigation and action may prevent to-morrow's sorrowful meditation.

Our nearest house will be glad to furnish full particulars.

HALIFAX
QUEBEC
OTTAWA
TORONTO
HAMILTON

Northern Electric Company
LIMITED

LONDON MONTREAL WINDSOR

WINNIPEG
REGINA
CALGARY
EDMONTON
VANCOUVER

H.W.—2

Nature's Greatest Remedy

The triumph of medicine and surgery lies in the increased knowledge of nature and the recognition of its healing qualities. Science at best can only assist nature to heal the ills of man.

Pure Air and Sunshine

Nature's greatest remedies are pure air and sunshine. The danger of germ-laden dust is nowhere more clearly understood than in a hospital. Pure air, free from dust, plenty of sunshine and perfect cleanliness, are the three first essentials to be observed.

IMPERIAL

FLOOR DRESSING
(Standard)

—is a sanitary, non-absorbing preservative that cleans the surface of floors and prevents the dust from rising. It preserves the wood, linoleum or oilcloth, and assures you of a clean and dustless atmosphere.

It is the only safe, clean and economical way to dress floors and prevent dust. One gallon covers from 500 to 700 square feet of floor surface, and one treatment protects your floor for months. Ask your dealer to demonstrate. One trial will convince.

IMPERIAL OIL LIMITED

Power · Heat · Light · Lubrication

BRANCHES IN ALL CITIES

SCIENTIFIC MASSAGE

The Medical Profession and Hospitals will be interested to learn that, after years of connection with The Glasgow Royal Infirmary, where he was Masseur and Instructor to the Nursing Staff,

MR. ROBERT A. HOLMES

(Graduate of The Scottish Electropathic Institute and College of Massage, Glasgow)
has settled in Toronto and is **specializing in Scientific Massage, following in every particular the treatment prescribed by the attendant Physician.**
Mr. Holmes will appreciate having cases requiring Massage referred to him by members of the Profession.

322 St. George Street - - Phone Hillcrest 5410

LISTERS
(PREPARED CASEIN)
DIABETIC
Flour

ANALYSIS

Moisture.....	10.66	Protein.....	69.95
Ash.....	1.63	Starch.....	0.00
Fat.....	0.67	Sugar.....	0.00
Leavening and Flavoring....	17.09		

Makes *strictly*
Non-Carbohydrate BREAD
and other palatable foods
Sent direct—month's supply $6.00

LISTER BROS., INC.
405 Lexington Avenue NEW YORK CITY

W. LLOYD WOOD, Canadian Agent
64 Gerrard St. East Toronto, Ontario

Quotations from Doctors: No. 5

"My patient, a dentist, scalded from the bursting of a vulcanizing flask, was in great agony. I hastily applied

Antiphlogistine
TRADE MARK

the only thing convenient at the moment. Intended it for a temporary dressing until the ordinary substances used in such cases could be obtained. The relief was so great and instantaneous that the dressing was allowed to remain until a later visit, when upon its removal twelve hours after, the skin was found to be white and free from inflammation. Another application was allowed to remain for twenty-four hours. When discontinued there were no blisters, no redness, nor any evidence of the burn, excepting the eyelids and around the eyes where the Antiphlogistine had not been applied. Have used this preparation again and again in burns of the first degree with invariably good results.

F. E. C., M. D.,
BROOKLYN, N.Y.

THE DENVER CHEMICAL MFG. COMPANY, MONTREAL

ELECTRICALLY LIGHTED INSTRUMENTS



TWENTY years in the manufacture of electrically lighted surgical instruments, if it has not brought perfection in instrument construction at least has kept the Electro Surgical Instrument Company abreast of the advances made by leading specialists of the Medical and Surgical Profession.

So it is that instruments stamped "E.S.I. Co." speak of the accomplishments of the noted men whose suggestions are embodied in their construction and a service of maintenance possible only in instruments of our manufacture.

Users of instruments stamped "E.S.I. Co." are certain sharers in this service.

Illustrated Catalogue Sent Upon Request

Electro Surgical Instrument Company
ROCHESTER, N.Y.



Proved 100% Efficient by Analytical Test

and recommended by over 50% of Canada's dentists, is the record that stands behind Minty's Tooth Paste because it accomplishes all the requirements of a perfect dentifrice.

Minty's Tooth Paste

is so full of cleansing action and its pleasing taste and the wonderful after effect delights the senses so long after using that its regular use after every meal and at bedtime makes the whole being feel better.

Try it and be convinced, and recommend it to your patients.

PALMERS LIMITED . MONTREAL

Face Fallacy with Fact

Repetition and reiteration of erroneous conclusions arrived at without logical deduction and study of actual facts, circulate fallacies which often handicap and hinder the physician in his efforts to do the best thing for his patients.

IT IS A FACT

that Borden's Eagle Brand constitutes, when properly diluted and given, an adequate, properly-balanced, safe and satisfactory food for infants from birth up to one year of age. This has been incontrovertibly established by the records and results of our Baby Welfare Department and experience of physicians and nurses all over the world.

IT IS A FALLACY

that condensed milk is dangerously deficient in fat. That its sugar content is excessive and unsafe. That its use predisposes to rickets or malnutrition. That it should not be used for infant feeding. To face such fallacies with facts, in the interest of the medical profession, mothers and children, will be the object and accomplishment of subsequent advertisements in this space.

See this space in October number.

BORDEN MILK CO., LIMITED

Montreal Vancouver

Borden's

EAGLE BRAND

Condensed Milk

ELECTION TO THE COUNCIL OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

170 University Avenue.
Toronto, August 23rd, 1920.

To the Members of the College,

Gentlemen:—I beg to advise you, in accordance with the Ontario Medical Act, and amendments thereto, and the By-laws of the College—

That the Quadrennial Election, to select Representatives for the Council of the College, will be held this year, date of said election being Tuesday, October 19th, 1920;

That the time for receiving Nominations of Representatives will close at the hour of two o'clock p.m., on Saturday, October 2nd, 1920;

And that the Nomination Papers of the Candidates must be in the hands of the Returning Officer for each Division at that time.

By order,
H. WILBERFORCE AIKINS,
Registrar-Treasurer Coll. Phys. and Surgs., Ont.

When writing advertisers, please mention The Hospital World.

Where Sanitary Cleanliness is Essential

Floors and Woodwork in Hospitals and Sanitariums must of necessity be kept immaculately clean.

UNIVERNISH

The Sanitary Varnish

is admirably adapted for such interiors.

Besides furnishing a perfect finish of great beauty and durability Univernish has the peculiar virtue of being absolutely impervious to boiling hot water. Constant washing will not change its bright and pleasing newness. It never turns white.

For anything and everything that needs varnishing Univernish is the most satisfactory. Made in six transparent wood colors.

Dark Oak Light Oak Bog Oak
Mahogany Walnut Green

and as a clear varnish



Fuller details regarding Univernish will be furnished on request.

The Dougall Varnish Co., Limited, Montreal

Associated with Murphy Varnish Co., U.S.A.

Everything in Paper Sputum Cups



"To Be Certain— Burn-It-All"



No. 5 COVERED SPUTUM CUP.
An all-paper "Burnitol" Cup.

BURNITOL MFG. CO.
Boston Chicago San Francisco

DIX-MAKE

"This is a DIX-MAKE Dress"



No. 400

The authorized government uniform during the war.

Of superior quality Dixie Cloth, women's and misses' sizes.

The Standard of Quality!

Among hospital officials! Among particular nurses everywhere—Dix-Make Uniforms are the recognized standard!

Through twenty years of sincere endeavor, of always striving to develop better styles and more careful tailoring, the nursing profession has ever looked to us for authentic, carefully-made uniforms.

The responsibility this achievement involves is reflected in the service-giving qualities each Dix-Make Uniform so satisfactorily renders.

Sold by leading department stores nearly everywhere. Write us for catalogue EE and list of dealers.

HENRY A. DIX & SONS COMPANY
Dix Building, New York City

HOSPITAL PLUMBING

The attention of Hospital Superintendents is called to our

Sanitary Hospital Fixtures

We carry a full stock of these fixtures and are in a position to submit prices on request.

Our goods are the finest that are obtainable, and have been installed in some of the most modern Hospital Buildings throughout the Dominion.

PURDY MANSELL, LIMITED

63 ALBERT STREET, TORONTO

Fecto

¶ A solution of hypochlorites and chlorine containing 4% of available chlorine.

¶ FECTO is the ideal Germicide and Disinfectant for general use, particularly in Homes and Hospitals.

¶ It is obtainable through druggists, and supplied in 4 fl. oz. and 16 fl. oz. bottles, as well as in 1 and 5 gallon containers.

¶ Write us for descriptive literature giving full directions for use.

PARKE, DAVIS & CO.

WALKERVILLE, ONT.

MONTREAL BRANCH
45 St. Alexander St.
Read Building

WINNIPEG DEPOT
301 Keewayden Building

TORONTO OFFICE
422 Ryrie Building

The Hospital World

TORONTO, CANADA

A Journal published in the interests of Hospitals, Sanatoria, Asylums and Public Charitable Institutions throughout the British Empire

Vol. XVIII. TORONTO, SEPTEMBER, 1920 No. 3

Editorials

HOSPITAL ECONOMY

IT is good hospital economy to have plenty of hospital grounds, beautifully landscaped; abundance of sunlight, and oceans of the purest air, with the greatest amount of quietude of environment. It is good economy to have plenty of room for patients, and plenty of room in which to work; to have kitchens and laundries, and utility rooms, ample, airy and sunny.

Wards, with their many accessory rooms (serving pantries, sink-rooms, bathrooms, linen closets, appliance rooms, small laboratories, and toilets), ought to be so arranged as to be convenient for nurses, doctors and workers generally—thus economizing energy by saving steps.

A thousand and one devices make for economy in hospital management and ward administration, e.g., plenty of telephone and signal accommodation; lots of dishes, utensils (preferably aluminum), and

instruments, elevators and dumb waiters, properly placed and constructed; convenient arrangement of kitchen furniture and devices, of service room fixtures, and laboratory furnishings; durable material in floors and in walls; high quality of paint and finish; large window panes, glass door-knobs—all are examples of good, economical features in construction.

Then, of course, there comes in the care of things. Some one ought to be responsible for seeing that nothing, if possible, is lost or stolen; that everything, when not in use, is kept in a proper place; that broken or missing articles are immediately replaced; that workers are taught how to use delicate instruments of precision. Careful inventories should be frequently and regularly made. Torn clothing or linen should be mended at once. Rubber goods need especial care. Economy in the use of food can be governed by seeing that so much per day per patient is allowed—as is fair and necessary—and no more. This can be ascertained by a proper accounting system. Again, much economy can be practised by inspecting waste and discarded articles.

In these days, when prices are so high, the strictest economy ought to be observed in every way.

A NEW PLAN

EMPLOYEES in all kinds of industrial organizations are receiving much more consideration than they did a decade or so ago; witness the social service

departments, welfare bureaus, educational departments now associated with most of the big industrial plants.

And this is as it should be.

Hours have been shortened, vacations lengthened, wages during illness have been paid, wage-earners' homes have been visited with a view to rendering assistance needed, and laborers treated a little more like human beings than formerly.

Hospitals have not been in the van in this movement—rather lagged behind. It is high time hospitals in general began to consider this problem.

The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums and Public Charitable Institutions throughout the British Empire

Editors:

JOHN N. E. BROWN, M.B. (Tor.), Ex-Sec'y American and Canadian Hospital Associations. Former Supt., Toronto General and Detroit General Hospitals.

ALEXANDER MacKAY, M.D., Inspector of Hospitals, Province of Ontario, Former Chief Medical Officer, Board of Education, Toronto.

W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto, Ont. Consultant, Toronto Hospital for Incurables.

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P. H. BRYCE, M.D., Chief Medical Officer, Department of the Interior, Ottawa.

HERBERT A. BRUCE, M.D., F.R.C.S., Founder of Wellesley Hospital, Toronto.

J. H. HOLBROOK, M.B., Physician-in-Chief, Mountain Sanatorium, Hamilton.

C. K. CLARKE, M.D., LL.D., Medical Director of the Canadian National Committee for Mental Hygiene, Toronto.

J. W. S. McCULLOUGH, M.D., Chief Officer of Health for the Province of Ontario, Toronto.

J. H. ELLIOTT, M.D., Asst. Medicine and Clinical Medicine, University of Toronto.

H. A. BOYCE, M.D., Kingston, Ex-Secretary American Hospital Association.

GEORGE D. PORTER, M.D., Toronto, Secretary Canadian Tuberculosis Association.

G. MURRAY FLOCK, M.B., Physician-in-charge, Essex County Sanatorium, Union-on-the-Lake, Kingsville.

C. M. HINCKS, B.A., M.B., Assistant Medical Director of the Canadian National Committee for Mental Hygiene, Toronto.

HELEN MacMURCHY, B.A., M.D., Assistant Inspector of Hospitals, Province of Ontario, Toronto.

Quebec

H. E. WEBSTER, Esq., Superintendent, The Royal Victoria Hospital, Montreal.

A. K. HAYWOOD, M.D., Superintendent, Montreal General Hospital, Montreal.

J. R. BYERS, M.D., Superintendent, Laurentian Sanitarium, Ste. Agathe des Monts.

Nova Scotia

W. H. HATTIE, Provincial Health Officer, Department of Public Health, Nova Scotia, Halifax.

Manitoba

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Alberta

T. H. WHITELAW, B.A., M.B., University of Toronto, Medical Officer of Health, Edmonton.

A. FISHER, M.D., Superintendent, Calgary General Hospital, Calgary.

Saskatchewan

J. G. WRIGHT, M.D., C.M., Regina.

M. R. BOW, M.D., Superintendent, Regina General Hospital, Regina.

British Columbia

ARTHUR G. PRICE, M.D., Medical Health Officer, City of Victoria, Victoria.

M. T. MacEACHERN, M.D., Superintendent, Vancouver General Hospital, Vancouver.

H. C. WRINCH, M.D., Superintendent, Hazelton Hospital, Hazelton.

Great Britain

CONRAD THIES, Esq., late Secretary, Royal Free Hospital, London, England.

DONALD J. MACKINTOSH, M.D., M.V.O., Medical Superintendent, Western Infirmary, Glasgow, Scotland.

United States

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MISS MARGARET CONROY, Boston, Mass.

F. C. ENGLISH, M.D., Director of Surveys of Hospitals and Homes for the Aged and Children, Saint Luke's Hospital, Cleveland, Ohio.

THOMAS BEATH, M.D. (late Superintendent, Victoria Hospital, Winnipeg), Raleigh, N.C.

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Society Proceedings

HOSPITAL STANDARDIZATION

(Continuation from August issue of report of meeting held at Calgary, Alta., April, 1920.)

Meeting called to order by the Chairman.

The Chairman read a lengthy telegram from Dr. Hunter, of Manitoba, relative to rural hospitals and standardization. Dr. Hunter feared that hospital standardization would not help the small rural hospital—which is so essential in the community, and suggested considering them in a class by themselves. However, it was pointed out by the Chairman that hospital standardization would help the small rural hospital, as would likely be shown this afternoon before the session was over.

It will be seen that the morning session was merely "preliminary," with reports from various provinces upon various points. There was a little discussion, particularly upon the question of the splitting of fees amongst physicians and surgeons. This practice is strongly prohibited under the standardization scheme introduced by the American College of Surgeons, having for its objects the elimination of incompetent surgery and for the qualified surgeon who performs the major surgical work to receive the fee to which he is entitled. The Chairman of the Galt Hospital Board raised the question as to whether a man who had been a qualified surgeon and was incapacitated by his work, say had lost an arm, was not entitled to some portion of fees from the practice which he could introduce, but he was informed that, although this would be an unfortunate case, such a man was "down and out," and being no longer able to perform the work, was not entitled to receive pay for it.

The afternoon session was confined to the study of hospital standardization. A copy of the minimum standard suggested

was presented to each present. Before proceeding to discuss this clause by clause, Dr. R. E. McKechnie, F.A.C.S., of Vancouver, who is also President of the Canadian Medical Association and Chancellor of the University of British Columbia, will give us an address on hospital standardization.

Dr. R. E. McKechnie said:

"We know very well that a number of hospitals are no better than boarding houses. Their facilities are poor and everything is done in a slipshod way, and until a few years ago the only hospitals that attempted to be modern were those connected with medical colleges. The American College of Surgeons, in 1913, decided to commence a great work in trying to improve hospitals. The first thing which they did was to make a survey of the hospitals of Canada and the United States, taking particularly those of one hundred beds and over. It was hoped that a similar work could be carried on as was accomplished in connection with the medical colleges some years ago when they went under review by the Carnegie Foundation Society in both countries, and a survey was made which revealed many colleges that were not even reaching a reasonable standard. These were either improved or ceased to exist, and the same fate now hangs over some of our institutions. Everything tends towards the public paying for the upkeep of hospitals, and they will want to know that their money is well spent, and I do not think any intelligent community will object to pay for good work. Public opinion, indeed, will demand sooner or later that our institutions produce the highest standard of efficiency, and I am glad that we are analyzing our conditions to see if we are living up to this required standard.

"This great movement is now being carried on by the American College of Surgeons, a group of men from Canada and the United States, banded together to promote the highest ideals and ethics in the practice of their profession. They have realized that the hospitals are the work-shops or laboratories for the profession and in many cases are not producing the results that their ideals or standards demand. Like good fellows

they have also helped to finance the movement. Two surveys have been completed—the first in 1917, bringing a great deal of information and data from which a practical standard has been evolved. In the first survey 671 hospitals having one hundred beds or more were examined, and there were only 89 of those which could measure up to the minimum standard requirement. Under the stimulus of criticism from the profession and the public, there was brought to bear pressure on these hospitals, and at the end of the second inspection or survey, in place of 89 who qualified or measured up to the minimum standard, 198 had done so. Finally, at the end of the third survey, which will be this year, it is hoped that 400 at least will have reached it.

"What are hospitals for? Are they places for doctors to send patients in for the convenience of the doctors? Are they for the convenience of the patient or the convenience of the general public? Are the patients merely incidental? The answer may be summed up in a few words, and in a thought we must always keep before us: 'The patient is the unit of consideration at all times, and the success or efficiency of your hospital will be measured in the quality of service rendered and the product which is the end result in your patient.' The public need enlightenment along these lines so as to demand such proper conditions as are safe and good for the patient and we are coming to that stage when the public have to take more interest in the hospitals and patients, as they are usually paying the bills and it is a practical work for them to do. Naturally they will want to know if they are getting full value for the money they are spending. Many a hospital is being run in such a way that I do not blame the public if they grudge the money that is being spent on it. No intelligent community will refuse to support the hospital which is doing good work. A large number of hospitals have been doing first-class work, meeting their full responsibility in respect to looking after the sufferers, and these institutions are going to secure public support. Our educational propaganda will do great work in helping such a condition, and it is just as essential that the hospitals, the various members of the staff and the patients themselves, use prop-

aganda on the public to educate them up in their duty towards the hospitals, and it is just as important that the public should bring this influence to bear on the hospital authorities and the doctors attending the various hospitals and make them do their work properly.

"We hear to-day a great deal about 'group medicine,' and I am a firm believer in it. This group I refer to would include all the doctors in the community attending the various hospitals. My interpretation is that of having the fullest facilities at the disposal of every doctor in the community where he can do full justice to the patients he is looking after. At one time there was a real necessity for small groups of men, but that group was the smallest and most selfish aspect. What we want is a scheme whereby every medical man in the profession has just as much benefit from expert opinion and advice as any member in that group would have. This can be accomplished in a hospital properly equipped with all the necessary diagnostic and treatment facilities, such as X-Ray, laboratories of all kinds, etc., all of which are necessary in a well regulated hospital. The doctors can send their patients in and take advantage of these facilities, and thus the physician or surgeon can work up his cases to the maximum and do full justice to them. Thus the humblest member of our profession—the young man just from college—can have full benefit. That is what standardization of hospitals will lead you to. It will lead you to group medicine centered around well-equipped hospitals all over the country where the whole community is going to be benefited by service spreading out from the centre to all the medical men round about. To-day there is no room for private clinics in British Columbia. Every man in the City of Vancouver has the advantage of the magnificent equipment of the General Hospital, and through such arrangement the general standard and calibre of our medical profession is raised.

"Coming now to the question of the practice of the division of fees or fee-splitting, I may say that I do not think there is much being done in our provinces. Our profession is above this, I hope. Our friend from Lethbridge raised a question this

morning which I hardly think was sufficiently answered—when he quoted the case of an eminent one-armed surgeon called in to the operation to stand by. That eminent one-armed man was entitled in the instance related to a fee exactly commensurate with the value of the service he rendered, and he was quite entitled to receive a fee for that. He was not entitled to any recompense for having lost his arm or having been deprived from earning a larger fee at this particular operation by not being able to do it. He is entitled to a just recompense for his remaining powers. Supposing an eminent violinist lost one arm and he toured the country with another violinist, giving him advice all through the concert—how much should that consulting violinist get for this work? The real work is being done by the violinist who is doing the playing. There is no consultant who can stand at a surgeon's elbow and direct him and make him do a good operation if he is a poor operator. You cannot thus stop a man from cutting a nerve or doing some irreparable damage even if you are standing at his elbow. Fee-splitting was carried on in the east with Chicago as a centre at one time to such an extent that dishonor was brought upon the medical profession. Doctors from outside districts would visit as many Chicago doctors as they could, to see which one would give them the biggest commission, and as a result of this the patient would go to the lowest bidder, who is usually an incompetent surgeon or a young fellow out of college. I have gone through the various stages in regard to this fee-splitting business and find it opens the opportunity to abuse, thus making only one remedy for it, and that is, complete abolition of it. You may say that the man who has had the previous care of the patient has perhaps worked the case up, has the right to a share in the fee which the surgeon wins with his operation, but he has not. Each man has an absolute right to the money he has earned, and no more, and this man has a particular right to put in his own bill for his services in working the case up, but should not claim any of the operator's fee. There is a tendency towards charging excessive fees, especially by the younger practitioners, but I believe in a surgeon charging a reasonable fee

commensurate with the seriousness and difficulty of the operation, and also commensurate with the ability of the patient to pay. We must prevent immature surgeons from rushing into surgery and charging fabulous sums, doing great harm to our profession. If the general practitioner had the courage to demand what he earns, so many men would not go into surgery. Finally, let us regard fee-splitting as entirely banished from our institutions, and that means that any surgeon doing work shall be paid for the work he does, and any patient paying any such bill will know for what reason he is doing so; or, in short, every man is entitled to his just fee and the collection thereof.

"In conclusion, I trust that this Conference will formulate a definite policy along the lines required and see that such a policy is duly executed to the fullest extent in all our institutions of this wonderful Western Canada of ours."

In reply to questions, the speaker stated with regard to the payment of the assistant surgeon he may have brought in the case, under the American College of Surgeons' ruling each man collects his own fee and each man runs his own chance.

In hospitals where no pathological expert exists, specimens could be sent to the central or divisional laboratory in the Province of Alberta; for instance, specimens may be sent to the University at Edmonton, and Dr. Rankin has promised to do pathological work there free of charge.

The Chairman now threw the meeting open for discussion, and several persons raised certain questions and spoke briefly.

Mayor W. D. L. Hardie, of Lethbridge, and President of the Galt Hospital Board, was very much interested in the paper which had been read, particularly that in regard to division of fees, since there seemed to be such a number of interpretations of this practice. Explanations were given by Dr. R. E. McKechnie and others, and this matter made very clear to all. Drs. Stephens, Gibson, and others also took part in the discussion.

The Chairman remarked that he felt that the splendid papers and discussion that followed should not be allowed to be passed on unheeded, and that it would be wise to have a Re-

solution Committee formed to make note of any resolutions which arose from time to time and formulate them into a constructive policy. In accordance with that he appointed the following:—

Dr. M. T. MacEachern, British Columbia
Dr. L. S. Mackid and Alderman McTaggart, Alberta
Dr. G. R. Peterson, Saskatchewan
Dr. George Stephens, Manitoba

to act as a Resolution Committee and report later to the meeting.

The Secretary now read the minimum standard requirement as laid down by the American College of Surgeons, and recommended for adoption throughout Canada and the United States. Clause by clause was dealt with and discussed and finally moved and adopted.

Clause 1. That physicians and surgeons privileged to practise in the hospital be organized as a definite group or staff. Such organization has nothing to do with the question as to whether the hospital is "open" or "closed," nor need it affect the various existing types of staff organization. The word "staff" is here defined as the group of doctors who practise in the hospital, inclusive of all groups such as the "regular staff," "the visiting staff" and the "associate staff."

It was regularly moved and seconded that this clause be adopted as read.

Clause 2. That membership upon the staff be restricted to physicians and surgeons who are: (a) competent in their respective fields; and (b) worthy in character and in matters of professional ethics; that in this latter connection the practice of the division of fees under any guise whatever be prohibited.

Considerable discussion took place on this as to who was to judge whether the person is competent or not in their respective fields, and as to how it would work in the case of appointment of a new man to the hospital staff. It was finally agreed that everything in this connection was up to the Board of Trustees, and the following suggestions were made as to the best methods to be followed by the Board:—

Firstly—That there should be held regularly each month meetings at which the medical work would be reviewed by the Staff, and such information prepared as was necessary for the Board of Trustees.

Secondly—That a system of Case Records be carefully kept so that all the work and the results of any doctor in the Hospital can be readily known and membership in the Hospital Staff based upon this.

Thirdly—That the Board finally, has to take the responsibility, and the best source for obtaining the evidence is probably the Advisory Medical Committee of the Hospital.

Clause 2 was adopted.

Clause 3. That the staff initiate and, with the approval of the governing board of the Hospital, adopt rules, regulations and policies governing the professional work of the Hospital; that these rules, regulations and policies specifically provide:

(a) That staff meetings be held at least one each month. (In large hospitals the departments may choose to meet separately.)

(b) That the staff review and analyze at regular intervals the clinical experience of the staff in the various departments of the hospital, such as medicine, surgery and obstetrics; the clinical records of patients, free and pay, to be the basis for such review and analyses.

In connection with this clause it was impressed that the staff as defined above has no executive powers, and any rules they make or suggest must be submitted to the Board, this body being the final authority. The Board of Directors have the responsibility of judging who is competent and incompetent, but such information can be obtained from a Medical Advisory Staff. It was stated that the most satisfactory method appeared to be the one recognized medical head in the hospital subject to the Board, and the need of co-operation between the hospital staff of physicians and the Board of Management was greatly emphasized.

Clause 3 was adopted as read.

Clause 4. That accurate and complete case records be writ-

ten for all patients and filed in an accessible manner in the Hospital, a complete case record being one, except in an emergency, which includes the personal history; the physical examination, with clinical, pathological and X-Ray findings when indicated; the working diagnosis; the treatment, medical and surgical; the medical progress; the condition on discharge with final diagnosis; and, in case of death, the autopsy findings when available.

It was pointed out the growing necessity for keeping full and careful medical records of cases admitted. The Vancouver General Hospital has evidently a very elaborate and ideal system of keeping records of patients. In hospitals where there are internes they could be responsible for these records, but in the smaller hospitals the Boards are obligated to the extent of providing additional clerks, including those who are capable of taking dictation from doctors, as to findings in operations, etc. In the Vancouver General Hospital such clerks are employed in the operating room and in the record office, and it was estimated that the cost was two cents per day per patient in that institution for records alone. Such records are, of course, strictly confidential and no outsider can have access to them without the written sanction of either the patient concerned or the doctor.

Clause 4 was adopted as read.

Clause 5 was adopted as read.

Clause 5. That clinical laboratory facilities be available for the study, diagnoses and treatment of patients; these facilities to include at least chemical, bacteriological, serological, histological, radiographic and fluoroscopic service in charge of trained technicians.

General discussion then followed, and from consideration of the various clauses it was found that there were very few hospitals that could not comply with such a standard. All hospitals, for instance, should have records. Dr. Seymour, Chairman, contended that every hospital should have an X-Ray and laboratory to do the routine work at least, otherwise they were not hospitals but mere rooming houses. The more difficult

laboratory work, as pathology, could be sent to the district or divisional laboratories, especially in the Provinces of Manitoba, Saskatchewan, Alberta and British Columbia, where they have provincial or university laboratories to look after this work. The entire consensus of opinion at the conclusion of the discussion was that the minimum standard was very practical and should be accepted by all hospitals. The Chairman even considered that such hospitals as those carrying the minimum capacity of twelve beds in his province, should comply with all the conditions laid down, but Dr. MacEachern explained that it was not the intention to deal with the hospitals of less than fifty beds at present with regard to the minimum standard, but if it could be accomplished in any such institution, that it was a more ideal condition.

A motion was then moved, seconded and carried, that the minimum standard as a whole be adopted.

The afternoon session came to a close with two resolutions, as follows:—

Resolution No. 1 was presented by Dr. George Stephens, of Winnipeg, and seconded by Dr. A. E. Archer, of Lamont.

RESOLVED THAT this Conference of Western Hospitals of the Provinces of Manitoba, Saskatchewan, Alberta and British Columbia, now in session in the City of Calgary, this 26th day of April, 1920, approve of the Minimum Standard as laid down by the American College of Surgeons, and recommend that it be adopted by the Hospitals and the Hospital Associations of the four Western Provinces.

The resolution was carried unanimously.

Resolution No. 2 was moved by Dr. M. T. MacEachern, of Vancouver, and seconded by Dr. George Stephens, of Winnipeg.

RESOLVED THAT the Conference of Western Hospitals of the Provinces of Manitoba, Saskatchewan, Alberta and British Columbia, now is session in the City of Calgary, this 26th day of April, 1920, do hereby express our sincerest regret at the untimely death of Hon. A. G. MacKay, Minister of Public Health and Municipalities of the Province of Alberta. We

realize that not only the Province of Alberta but the whole of Canada has suffered a great loss; and

BE IT FURTHER RESOLVED THAT a copy of this Resolution be sent to the Premier of Alberta.

The resolution was carried in silence.

The Conference then adjourned till 8.00 p.m.

Evening Session, 8 p.m.

The Chairman called the meeting to order and announced that Miss De Sachet, Supervisor of Records in the Holy Cross Hospital, Calgary, consented to give a paper on the record system in the Holy Cross Hospital.

In this paper Miss De Sachet set forth very clearly the method employed in the Holy Cross Hospital of Calgary. As previously pointed out, this hospital has adopted a system of record-keeping which is very complete without being too elaborate. The nurse in charge of the records attends to this matter exclusively. The records consist of the following:—

1. A summary card, giving full particulars of the patient, disease, etc.
2. A certificate, signed by the patient relieving the Hospital from responsibility but at the same time assuring the patient that the Hospital authorities will do everything in their power to render efficient service.
3. The Case Record.
4. The progress notes.
5. Operation record.

As the reader of the paper pointed out, those in authority in a well-organized institution cannot fail to recognize the value of a good system of record-keeping for the protection of the patient as well as the hospital. The method devised in the Holy Cross Hospital enables the record-keeping to be done by one person, and this, it was stated, could be taken care of in any hospital accommodating from one hundred and fifty to two hundred patients daily. At the Holy Cross Hospital on ad-

mission each patient is given a number, which number, by a clever combination of letters and numerals, denotes the date of admission, and this number is the patient's distinction on all of the records kept. Within forty-eight hours the doctor in charge of the case is required to fill in the personal and family history of the patient, and in seven days he has to give the final diagnosis. On discharge the final diagnosis is given with complications, etc., and the condition of the patient on discharge. On the completion of all the papers relative to the case, they are filed in a systematic cross index which gives all the information desired about the patient for future reference. This system gives accessible information on:—

First—The work of different attending doctors during the month.

Second—The different diseases with results.

Third—The different operations with results.

Fourth—Complications.

Fifth—Infections.

Sixth—Deaths and causes.

Seventh—Summary of work.

The system certainly appealed as being suitable for hospitals and the real secret of it would appear to be a competent person who watches closely this phase of hospital life and sees that all information is obtained from the physician and duly recorded.

Records must be produced on all cases before operation, unless in emergency, and these must be written up within forty-eight hours. Daily rounds are made by Miss De Sachet to see that all the records are attended to, and being a nurse she checks over the nurses' clinical charts and notes. The attending doctors at the hospital write all the histories, and there is a monthly review of the work with the staff, at which meeting a summary of the work and results is produced.

Considerable discussion followed this paper, and Miss De Sachet was highly complimented by several of the speakers.

The Chairman now called on Dr. M. T. McEachern, of Van-

couver, to give an address on "The Practical Application of Hospital Standardization in an 'Open' Hospital." All points in this address were clearly illustrated by a large series of slides. The address was as follows:—

"You may readily agree with me when I tell you there are many difficulties to overcome in an 'open' hospital, particularly in connection with our standardization programme, but these difficulties are surmountable whether the hospital is 'open' or 'closed.' All hospitals have similar functions to perform, namely: Curative, preventive, scientific, educational, teaching and training. We must always keep these functions in mind when administrating our institutions. To-day in the hospital which I represent we find many difficulties to overcome, owing to natural circumstances or prevailing conditions, namely:—

1. Magnitude of the Institution.
2. Wide range of clinical material.
3. Rapid growth of the Hospital.
4. The increased cost.

"So many of our hospitals to-day are financially embarrassed, and indeed you can get money for everything else readily but for the sick and for hospitals. People of this great country of ours must be educated up to the fact that the hospital is the greatest economic asset in the community, apart from it being a sacred service to humanity. Let the day soon come when commercialism, materialism, indifference, apathy and everything else detrimental to our splendid institutions, is replaced in the minds of our people with the consciousness of the sacred duty and privilege to help these institutions financially so as to do the very best by those whom they are treating. If our institutions paid a dividend in 'cold cash' instead of a dividend in health restored human beings, how much more popular they would be. During the greatest world war ever seen, our war hospitals everywhere were to the last detail efficient. That was fine and the service was wonderful—but why not in peace time?

"Our hospitals to-day must become efficient. They should

give the patients all the facilities necessary for a good diagnosis, for competent care and treatment throughout. They should restore the patient to health as quickly as possible. They should restore the working man to earning capacity in as short a time as it can be accomplished. To do this the motto must be *One hundred per cent. efficiency care for our patients.* How many hospitals can measure up to this?

"Our institutions must have internal organization, especially if they are any size. This has to do chiefly with the paid staff, which should be organized on a clear and comprehensive basis with proper division of authority and responsibility, guarding against overlapping or omission and securing the best co-operation between departments. I believe in having one head only to the hospital, and the work divided into three natural phases: Medical, Nursing, Business, each having competent executive heads, and these three divided further into departments, as the case may be; each department finally having a competent head or supervisor who in turn is responsible for their executive head and through them to the chief executive officer, who stands between the internal organization and the higher governing Boards. This means efficiency and the proper division of authority. Added to this I would recommend meetings of heads of departments once or twice a month to discuss the various interrelations of departments and matters pertaining to the good of the hospital.

"The attending staff of the hospital should be selected by the Board of Directors or Trustees on a sound basis. In our case the Medical Association of Vancouver sends up several nominations and from these the Board of Directors selects a staff. It does not always follow that the one who heads the list gets the position. There are two very important qualifications, which are as follows:—

(a) The senior staff must either be specialists in the department to which they are appointed, or that branch of medicine must be the predominant part of their practice;

(b) That both senior and associate members of the staff must have some qualification which marks efficiency in that department, either:

1. An additional academic degree in that branch, or

2. A record of efficient work checked up by records of cases with diagnosis and end results, made at the instance of Directors from their work in the hospital.

"Formerly the Boards of Trustees selected with little or no information, but now all this is carefully compiled and each man's record more or less accurately ascertained. The staff embraces all the services, including Medical, Surgical, Obstetrical, Gynecological, Eye, Ear, Nose and Throat, Genito-Urinary, Pediatrics, Chest Diseases, Dermatology, Orthopedics, Neurology, Metabolism, Anesthetics, X-Ray, Laboratories, Physiotherapy, etc. They hold position for five years. They are divided into senior and associate, and make their own mutual arrangements about carrying on the work, usually taking a month's service at a time. The working of the staff is divided into two branches:—

First—Administrative.

Second—Clinical.

"In the administrative phase the staff is divided into several working committees, one for each of the various departments which bring in reports monthly pertaining to the betterment and efficiency of that department.

"Clinically, the staff discusses and reviews the work of the hospital and sometimes a great deal is done in small working committees specially appointed. The most of this is carried out through our Medical Records Department and through a regularly organized medical investigation system. The staff of the hospital must be at all times alert to everything that tends to the betterment of the institution and the elimination of all things that do not tend to the best working for all concerned.

"The hospital must have laboratories and facilities with which to make a diagnosis, and these laboratories consisting of such as can do the usual tests, including Bacteriology, Pathology, Serology, etc. It may not be possible to do this in all our institutions, but every institution must be equipped to do the necessary routine work, and have an X-Ray. For the more complicated work, as Pathology, provision can be made in the dis-

trict, provincial or university laboratories to carry this on. Any facilities, therefore, that are helpful in making a more accurate scientific diagnosis must be provided, either in the institution or be available somewhere else. The laboratory systems everywhere are now being brought to such a state of perfection that there is no reason why every institution should not have a proper service.

"Possibly the greatest difficulty in all our hospitals to-day is the getting of good records. There are just a few points I want to make about this subject:—

First—Medical Case Records on every patient in every institution that goes by the name of "hospital" are absolutely necessary.

"You would not expect to run any business or commercial concern without records. How much more, therefore, is it necessary to have these in institutions dealing with life and death every minute in the day.

Second—Medical Case Records are possible in every hospital, inasmuch as these records can and should be compiled by any doctor.

"There was an idea that medical students were the only ones who could and should write up medical case records. That day has gone and now the practitioner in every institution must feel his obligation to make out proper records for his patients, which records shall be the property of the hospital. In our institution we demand records, and fortunately, have a number of internes who write all the public and semi-public Case Records. In the private and semi-private cases this is not always possible, but we ask the doctors attending to do so, giving them three choices.

1. Write it themselves.
2. Dictate it to a stenographer, which we supply; or
3. Leave an order for an interne to write it.

"We demand a written report in the Operating Room of all our operations, "What was done" and "What was found." This is further checked up by the Laboratory and their report put on the same page, on the opposite side. All diagnosis should

be posted before operation. All cases should be written up before the operation starts, excepting in cases of emergency.

Third—Medical Case Records are private and should only be produced to the doctor in charge of the case, the patient himself or herself, or on an order of either one or a court.

"This being laid down as a rule, will help to get many records from patients if it was felt by them that there might be some danger of the report not having the necessary privacy.

"The Hospital must, if possible, meet the attending doctors part way in the getting of good records. It may be that they will have to add a Medical Clerk stenographer, but at any rate, they can afford convenient forms and keep them in a convenient place. We recommend a semi-stereotyped and semi-diagramatic form, similar to this, that I am showing you on the screen.

Fourth—All Medical Case Records should be very carefully scrutinized and summaries produced at the end of each month showing the actual results of the work, much the same as this form I am passing around, which shows the results obtained during the month and checks up incompetent work, infections, etc. Boards of Directors or Trustees should demand that in each and every case proper records be compiled, for after all Boards of Directors or Trustees are responsible for the institutions and for the money spent therein; therefore it is only their duty and privilege to make sure that this money is well spent and the patients getting good and efficient care.

"In connection with Medical Case Records, I could mention a great many practical uses of same. Let us look into a few.

Firstly—In checking up the work of the Institution as to whether it is good or bad.

Secondly—In the assistance which it gives when working out a case which has been in previously or, as we call them, in the "return" cases, where the subsequent history has a good deal of bearing on the past. To illustrate this: A patient entered a far Eastern hospital some time ago with some obscure abdominal condition. This condition baffled her surgeon, as she had had a former operation, but unfortunately did not know much about it. A wire transmitted to Vancouver to our Medical

Records Department revealed her past history, and this information was secured in less than fifteen minutes. The whole transaction transpired over the wire in very short order and the information thus received at the other end was of great value in diagnosing the case. If that patient had come into this Institution her past history would have been available for her present illness.

Thirdly—These Medical Case Records are invaluable for scientific purposes and the advancement of medical knowledge. We all know that all medical knowledge, data and scientific advances have been based on actual cases, and these histories are only obtainable through a good record.

Fourthly—The value of Medical Case Records from a Medico-legal aspect. There is not an hospital on the face of the earth that I know of that will not, some day, be threatened with or face a lawsuit against them. How comforting to turn up to an actual Medical Case Record, which is recognized in the court, and find on this Record all the true data of the case. Any money spent on such a Record system will be amply repaid even from this point alone.

Fifthly—Through a properly regulated and organized Record system reports of the work of the various attending doctors can be readily secured, which will not only tell the quality but also the quantity of surgical work being done in the Institution. On this report the Board can base their opinion when selecting members to fill vacancies on their Staff.

Sixthly—The Medical Case Record is of great value to all Public Health officials in ascertaining many points which will guide them in their combat against conditions which are detrimental to health. The seasonal incidence of disease and comparative statistical data is always readily available from the local hospital when such is required.

Seventhly—Staff review of clinical work of the Hospital. Through the Medical Records Department, good clerks and records, review data can be secured on any disease. For instance, —during the month of May in our hospital, we will consider the question of Appendicitis, especially from the surgical side.

Last month we considered the question of influenza, and the month previous we reviewed all the Hernias of the previous year, showing cases which had complications and with an explanation why. This review of the work of the hospital by the medical staff is of great value, not only to the hospital, but to the men themselves.

"We must not, therefore, look upon Medical Case Records as either being impossible or being a luxury. They are as essential for the institution as the food we eat is for the body. A great deal more could be said about these Records but time does not permit and the lantern slides will demonstrate to you the system complete as being used in the Vancouver General Hospital.

"In conclusion, let me say that hospital work has now become an intensive specialty and you can quite see the importance of it being such. After all the hospital is nothing more than the work laboratory of the doctor and the nurse, the patient is the product. We judge our success or failings on the product. We know what we require to have a good product and therefore it should behoove us all to live up to it as conscientiously as we can."

Considerable discussion followed and questions asked pertaining to the system outlined.

Meeting adjourned at 10.30 p.m.

TUESDAY, APRIL 27TH, 1920—10.30 A.M.

Meeting called to order by the Chairman.

The Chairman tendered an invitation from the Calgary Medical Society for luncheon at the Palliser Hotel at 12.30 to all the delegates present. This invitation was presented through Dr. McGill, President of the Calgary Medical Society.

Dr. M. T. MacEachern read several resolutions which were referred to the Resolution Committee to report on during the afternoon session.

Dr. R. E. McKechnie arose at this point to use the privilege of asking that the Secretary request the morning paper to correct a statement regarding his remarks about fee-splitting. The paper

suggesting he was in favor of certain forms of "fee-splitting" but he wanted it distinctly understood that he was opposed to "fee-splitting" in any form whatsoever.

The Chairman now announced that the question of Hospital Financing was open for discussion by the meeting, and Dr. M. T. MacEachern, being asked to lead, suggested that we confine our remarks particularly to charges and costs made by the different hospitals in the West. Several hospitals therefore reported and it was found that the average prices per day pertained.

Charges.

Private wards ranged from $3.50 to $8.00 per day, and the average seemed to be $4.50 to $5 per day.

Semi-private wards ranged from $2.00 to $3.50 per day, the average being $3.00 per day.

Public wards ranged from $1.50 to $3.00 per day, and the average was $2.00 per day.

Per Capita or Per Diem Cost.

At the outset it was explained that the per capita per diem cost was a very relative term and really to get at an accurate basis a knowledge of the service rendered was necessary before a comparison could be made. However, it was found that in the Western hospitals the per capitas ranged between $2.78 and $4.50 per patient per day, and that the average per capita under the present conditions was $3.50 per day.

Municipal and Government Aid.

In considering the financial support received from the various municipalities and Governments in the four Provinces, it was found that there was a great variance in arrangements, and no average could be ascertained.

Purchasing of Supplies.

Interesting discussion followed re purchasing supplies by tender and in the open market. The question of a Purchasing

Agent and Bureau for the Four Western Provinces aroused great interest. Dr. Mackid, of Calgary, pointed out several advantages showing where:

First—Large sums of money could be saved by such an arrangement, and

Second—That more standard and efficient articles could be secured.

This bureau at all times would serve as a source of information to all the hospitals. Dr. Seymour outlined the Bureau now in the Province of Saskatchewan, which is used by the hospitals there, and suggested a similar arrangement should be made for the four provinces. A resolution favoring the adoption of this idea was submitted to the conference by Dr. Archer, of Lamont, at the afternoon session.

The Chairman now called on Dr. O. R. Avison, of Seoul, Korea, who gave a very interesting discourse on Medical work in Korea. He reviewed his early medical experiences and the evolution of medical science in this country. Dr. Avison, who, twenty-seven years ago, left Toronto for Korea to look after medical science amongst the Koreans, told the delegates of his early struggles and disappointments, with the ultimate success which he obtained. He intended to start constructive work instead of practice and to his dismay discovered that the Koreans possessed no medical or scientific language. His first great work was the translation of Gray's Anatomy into Korean, and fifteen years later had the satisfaction of seeing seven Koreans graduate in Medicine, whom he instructed. At the present time, directly as the result of his work in medicine amongst them, one hundred Koreans are successfully practising medicine in Manchuria, Siberia, China and Korea, while thirty small hospitals are in operation. Dr. Avison is in Canada endeavoring to interest a number of doctors and nurses to go to Korea to man the hospitals.

Dr. M. T. MacEachern suggested that we now discuss the nursing problems in our hospitals, in view of the fact that Miss Edy of the Calgary General Hospital was present, and fearing that she might not be here at the afternoon session. Dr. Mac-

Eachern made further remarks on the question, bringing up the problems of the present day. He said: "The greatest difficulty we have to deal with to-day is the shortage of applicants for our Training Schools. I believe that this shortage is not altogether an actual shortage, but a relative one. The scope of service of the undergraduate and the graduate together with the exacting demands of the institutions and the medical profession have greatly increased the work of the nurse, and as a result we need a larger number than we had formerly. Again, the public of to-day demand a service which is out of all proportion to that of former days; in fact the service demanded by the public has almost increased in a parallel way with the high cost of living. However, there are several reasons why there may be an actual or apparent shortage of applicants:

Firstly—The scope of work for the undergraduate in any hospital and for the graduate in the hospital and outside the hospital, has gradually broadened in the last few years, together with the demand put upon them in their service. Hospitals to-day are fast developing special departments and using nurses. For instance—there are a large number used as technicians, as admitting officers, Social Service, etc. In a large number of hospitals to-day nurses are even giving anesthetics. Indeed, the last few years have brought a tremendous expansion in all fields, whether it be nursing, school nursing, infant welfare, tuberculosis, mental hygiene, industrial nursing, etc. Now I hear they are putting nurses on the Trans-Atlantic and Pacific steamers; consequently the demand has been a little more than the supply.

Secondly—There is too much of a tendency to commercialize this profession instead of keeping it more in line with the idealism of the Florence Nightingale spirit.

Thirdly—There is an outside influence at work to lower the standing of qualifications and of efficiency; indeed I am quite correct in saying that some of our medical profession consider that any old woman is good enough to nurse to-day, and fail to realize that the nurse is their ever-constant "third eye" on the patient during the whole twenty-four hours, whereas their observations are more or less casual.

Fourthly—The nurse-in-training has been more or less exploited by our hospitals for the menial work, which could be done by maids or others, and thus allow the nurse to devote herself to the real nursing care of the patient.

Fifthly—The hours are too long, as we are unable yet to give them all an eight-hour day.

Sixthly—The lives of nurses-in-training should be made more attractive and the course of instruction which is given.

Finally, the Training School must not be regarded as a convenience or side issue of the institution, but one of the high ideals of the institution. I would recommend the putting on of an educational campaign to enlist more applicants for our Training schools. We lose a large number of good applicants who are graduates from high school but are too young to commence training. Where possible, we should link our Training schools up to the higher educational institutions in each province, or I mean the University. In British Columbia we have recognized this latter point and in our University have a Department of Nursing where the girl who completes her high school and passes her matriculation, secures two years' academic education in the University, and this, combined with the two years actual nursing service in the hospital, with a fifth year for specialization in Public Health Administration and Teaching, gives her the University degree and qualifies her for more or less of a leader in her profession in one or other of these lines, as well as a good, sound, practical nurse. In this way we fill a great need in our Province without having to import from other countries."

Miss Edy, Superintendent of Nurses of the Calgary General Hospital Training School, read a paper on the nursing shortage throughout Canada, and attributed it, among other things, to the lure of the American hospitals to Canadian girls. The American hospitals, it was shown, offered a number of extra inducements for Canadian girls, stating that wherever possible a preference was shown them. The large departmental stores, industrial houses in Canada, and other inducements, had attributed towards depleting the nursing fields, owing to the better working hours offered and the improved working conditions. She concurred heartily in the remarks of the previous speaker,

and felt that there were a number of ways of getting at this question.

Discussion arose from many present, chiefly centering around the question as to whether a nursing probationer labor for love or for pay. It was shown that probationers were paid, in the majority of Western hospitals, $8.00, $10.00 and $12.00 monthly, though some hospitals, such as the Royal Alexandra in Edmonton, paid as high as $25.00 per month. There seemed to be a wide divergence among the amounts paid to nurses-in-training, and it was stated by some speakers that in several large hospitals in the East no remuneration was given, and indeed, in one hospital, a charge was made for the privilege of being allowed to train. There were many adherences to the old-time principle—that probationers should still continue to offer their services with little or no consideration as to monetary remuneration. Dr. M. T. MacEachern, of Vancouver, and Dr. L. S. Mackid, of Calgary, were both strongly of one mind—that the attractiveness of increased salaries for nurses-in-training would have a tendency to make this profession more materialistic disrupting discipline and efficiency, and that young women who volunteer to follow this calling should do so from a higher motive than that of the amount of remuneration to be received. Dr. R. O. Rothwell, of Regina, spoke strongly against this contention, and was in favor of paying probationers a living wage considering the high cost of living now-a-days. In this he had the support of a number of prominent Western hospital authorities. Mayor Hardie, of Lethbridge, and Chairman of the Galt Hospital Board, who had taken an active interest in the proceedings throughout, was of the opinion that the present scale paid probationers was entirely inadequate. He said in part: "The spirit of idealism is rapidly passing out, to the betterment of the country, and a more materialistic age has taken its place." He was of the firm opinion that there should be an increase in the monthly allowance given nurses-in-training. Alderman McTaggart, of the City of Calgary, expressed his views stating that the securing of better type of girls to enter the training service in hospitals would soon be accomplished by paying what he characterized as a "decent salary." He stated that a Nurses'

Home was necessary for Calgary, and asked the opinion of the delegates as to the advisability of allowing the nurses to reside at home as the eight-hour law was in effect. The answer to this question was that it would disrupt the discipline very quickly, as had been proven in previous instances.

It was desirous on the part of delegates to arrive at some uniform standard scale of pay for nurses-in-training, but it was readily seen that there was such a diversity of opinion, which was very strong on both sides, that it would be impossible to bring in a resolution to cover this point, and the discussion thereon terminated till the afternoon session.

Dr. G. E. Stanley, M.L.A., was of the opinion that the election of Hospital Boards by the people was the sanest way. He emphasized the need of a universal interest in hospital work and advised against the narrowing down of the personnel of any Hospital Board. Municipal hospitals fill a long felt need but municipal management was not always the best form.

Dr. McGill, President of the Medical Society of Calgary, announced the luncheon to be given in the ballroom of the Palliser Hotel in honor of the delegates by the Calgary Medical Society.

Meeting Adjourned.

Luncheon with the Calgary Medical Society in the ballroom of the Palliser Hotel. Dr. M. M. Seymour, Chairman of the Conference, at the close of the luncheon extended to the members of the Calgary Medical Society a very hearty vote of thanks for their kindness and consideration to the delegates at this particular time.

Afternoon Session, 2.30 p.m.

Meeting called to order by the Chairman.

The Chairman called on Dr. M. T. MacEachern, of Vancouver, to present the resolutions on behalf of the Resolution Committee. These resolutions were as follows:—

RESOLVED, THAT this Conference of Hospitals of the Provinces of Manitoba, Saskatchewan, Alberta and British

Columbia, now assembled in Calgary, this 26th and 27th days of April, 1920, recommend:

Resolution No. 1:

(a) That a Western Hospital Association, comprising the above mentioned four provinces be formed, and that the Association be known as "The Western Canada Hospital Association."

(b) That this Association have for its objects:

1. To promote the work of Hospital Standardization according to the requirements laid down.

2. To stimulate hospitals generally, for greater efficiency.

3. To stimulate more co-operation and team-work amongst our Associations and Hospitals.

4. To act as a Clearing House for all the problems of our Associations.

(c) That the officers of the Associations be:

An Honorary President from each Province.

One President.

A Vice-President from each Province.

A Secretary-Treasurer.

An Executive Committee of twelve members, consisting of one lay member from Boards of Directors or Trustees, one hospital superintendent, and one member of the American College of Surgeons, from each Province.

(d) That membership in the Association be limited to membership in the Provincial Association.

(e) That the Association meet annually in each Province in turn and at the same time as the Provincial Association of that Province.

(f) That the expenses of such an Association be financed through each of the Provincial Associations.

Resolution No. 2:

That the National Hospital Association of Canada be revived and, if possible, hold a meeting this year about the time

the International Hospital Association meets in Montreal; and further, that in the reorganization provincial representation be given on the Executive.

Resolution No. 3:

That the dates of holding Provincial Hospital Association conventions be better correlated, so that members of the different Associations may attend more than one convention if they so desire.

Resolution No. 4:

That we heartily approve of Hospital Associations in each Province, and further recommend that they should be affiliated with the National Hospital Association of Canada.

Resolution No. 5:

That some means be devised to bring the question of Hospital Standardization before the Canadian Medical Association convention in Vancouver in June.

Resolution No. 6:

(Presented and moved by Dr. Archer, of Lamont, and seconded by Dr. Mackid, of Calgary.)

WHEREAS the individual Hospital Boards, particularly in smaller hospitals, are frequently unable, through lack of complete information, to buy certain hospital supplies economically and to procure the most efficient equipment for their needs;

BE IT RESOLVED, THAT this Conference strongly endorse the establishing of a Western Hospital Association Bureau of Information as soon as may be possible.

The duty of the Bureau should be to make available to all hospitals desiring it, information collected from all possible sources re:

(a) The purchasing of standard hospital supplies;

(b) Standard and efficient types of hospital equipment such as sterilizers, operating room furnishings, X-Ray Laboratory equipment, kitchen and laundry equipment, especially such type as would be valuable for small institutions;

(c) To act as a general Clearing House for information of value to the members of the Association.

These resolutions were all explained to the delegates and after due discussion of each with a mover and seconder, each one was adopted. All these resolutions were therefore accepted.

Moved by Dr. M. T. MacEachern, Vancouver;

Seconded by Dr. G. Stephens, Winnipeg:

THAT this meeting appoint a President and Secretary-Treasurer, and the rest of the officers to be appointed through the Provincial Hospital Associations. Carried.

Moved by Dr. G. Stephens, Winnipeg;

Seconded by Dr. M. T. MacEachern, Vancouver:

That Dr. M. M. Seymour, of Regina, Commissioner of Public Health of the Province of Saskatchewan, be appointed as President, and Dr. J. W. Warren, Acting Superintendent of the Calgary General Hospital, be appointed as Secretary-Treasurer. Carried.

Moved by Dr. M. T. MacEachern, of Vancouver;

Seconded by Dr. L. S. Mackid, of Calgary:

THAT the next Conference meet in Regina in 1921, at the time the Provincial Hospital Association meets there. Carried.

It was further recommended by the Conference that a report of this meeting be brought to each Provincial Hospital Association and that such Association should be requested to appoint the following members to the Western Canada Hospital Association:—

An Honorary President.

A Vice-President.

An Executive Committee of three members—one lay member from Boards of Directors or Trustees, one Hospital Superintendent and one member of the American College of Surgeons.

It was further recommended that each Province should give $25.00 towards expenses of the Western Conference this year for the purpose of covering the cost of a printed report.

The meeting closed by the moving of several votes of thanks and Dr. R. E. McKechnie, of Vancouver, moved a vote of thanks to the Mayor and Aldermen of the City of Calgary, for their exceeding kindness and courtesy during the Conference. This was seconded and unanimously carried.

A very enthusiastic vote of thanks was tendered to Dr. M. T. MacEachern, Vancouver, who was responsible for calling the Conference together. Dr. Mackid, of Calgary, Dr. Seymour, Chairman, and several others spoke to this motion and strongly emphasized the great benefit and good which would arise out of this meeting.

A hearty vote of thanks was passed to the Press of the City of Calgary for reporting the meetings so splendidly, and finally a vote of appreciation was tendered the Chairman and Secretary of the Conference.

Items

PICKERING COLLEGE TO BECOME A COUNTY HOSPITAL

A DEPUTATION, headed by the Mayor of Newmarket, appeared before the York County Council on June 3rd, to urge the purchase of Pickering College for a County Hospital. It was pointed out by the various speakers that the old Quaker school had been used by the Government during the war as a hospital, under the D. S. C. R., and that the Government was willing to dispose of the equipment for a reasonable sum. The Society of Friends and the executors of the estate of the late Elias Rogers, who are owners of the college, have given the county to understand that if it is considered that the use of the building will be of greater benefit to the county as a hospital, rather than a school, they are willing to sell. It was stated that the purchase price would be in the neighborhood of $100,000. The deputation asked also for a grant of $50,000, as an endowment fund, and expect to raise an additional $50,000 by voluntary subscription.

PROVINCIAL APPOINTMENTS

ONE or two staff changes have taken place in Provincial institutions. Dr. Peter McNaughton, formerly Assistant Superintendent at Hamilton, has been appointed head of the Coburg Hospital, which has reverted from the D.S.C.R. to the Provincial Secretary's Department. Dr. W. K. Ross, who was assistant and for a period acting Superintendent at the Kingston Hospital, has been transferred to Brockville in place of Dr. J. C. Mitchell, deceased.

MRS. F. F. DALLEY, of Hamilton, has given $10,000 to the City Hospital for research work. The fund will be administered by trustees.

NURSES GRADUATED AT BELLEVILLE HOSPITAL

At the Belleville General Hospital on July 8th, eight nurses who had finished their courses received their diplomas: Misses Rachael Finnie, of Peterboro'; Edna Howard, Mallorytown; Jean Cunningham, Peterboro'; May Henry, Peterboro'; Sepha Clarke, Trenton; Evelyn Cunningham, Hamilton; Zeda Pue. Baillieboro', and Edna Huston, Peterboro'. Judge Wills presided.

Dr. W. J. Gibson, on behalf of the Medical and Hospital Board, presented the diplomas and delivered an address on "Ideals." He urged the graduates to maintain their esprit de corps. He said that with the present fair fee which nurses are obtaining they should give increased service.

Mrs. W. C. Mikel, President of the Women's Christian Association, which conducts the hospital, presented nurses' pins to the graduates. Prizes were awarded as follows: Gold medal for highest marks, Miss May Henry; in anatomy, Miss May Henry; in general proficiency, Miss May Finnie.

After the graduation the guests inspected the new maternity building, and were later entertained at a reception on the hospital lawn.

BONDS FOR NURSES' HOME

Tenders for a $100,000 issue of the municipality of St. John. N.B., for the purpose of meeting the cost of the Nurses' Home in connection with the General Public Hospital, closed on June 21st.

SANATORIUM FOR OTTAWA

Mr. and Mrs. E. C. Whitney, of Ottawa, have given $100,000 in Victory Bonds to the Corporation to be used for the construction of a tuberculosis sanatorium in connection with the City of Ottawa Sanatorium.

Book Review

THE TREATMENT OF SYPHILIS

A VERY valuable and interesting work has just been published by The Macmillan Co., New York. It is entitled *"The Treatment of Syphilis,"* and is from the pen of H. SHERIDAN BAKETEL, A.M., M.D. The volume covers very thoroughly and convincingly the field of intravenous and intramuscular medication, and the administration of arsphenamine or neoarsphenamine. It gives in minutiæ, step by step, the proper methods for the actual introduction of arsenical products into the system.

Speaking of the after treatment in cases where intramuscular injections have been given, the author says:

"In England and on the Continent it is the habit, after giving an intramuscular injection, to cover the surrounding parts with sterilized absorbent cotton fixed with elastic collodion. The patients were instructed to rest in bed for twenty-four hours and according to various reports, the majority of them complained only of stiffness in the hip and thigh and occasionally of pain in the lower extremity.

"Some physicians also utilize a clay dressing, like antiphlogistine, in place of cotton. It is their custom to cover the entire gluteal surface with a thick layer of properly heated antiphlogistine and to cover this with gauze, and over that absorbent cotton. This application seems to work well following the intramuscular injection and not only aids in the prevention of pain and to a considerable extent prevents any abscess formation, but enables the patient to attend to his ordinary affairs."

Dr. Baketel is Professor of Preventive Medicine and Hygiene and Lecturer on Genito-Urinary Diseases and Syphilis in the Long Island College Hospital, Brooklyn, N.Y.; Attending Syphilologist and Chief of Clinics at Volunteer Hospital, New York; Genito-Urinary Surgeon to the House of Relief of the New York Hospital; Lt.-Col. Medical Reserve Corps, U. S. Army, etc., etc.

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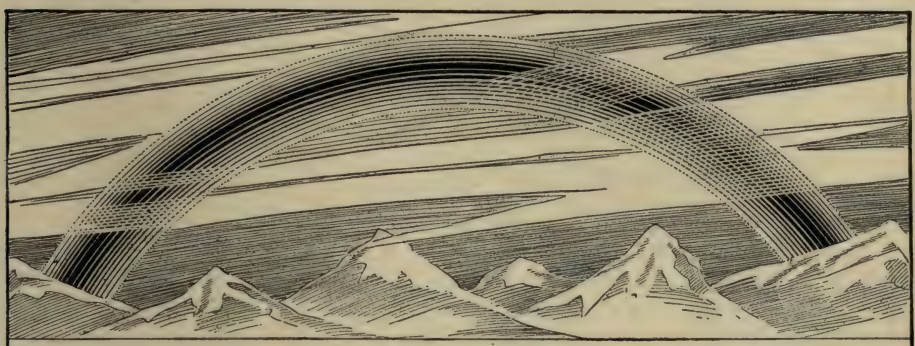
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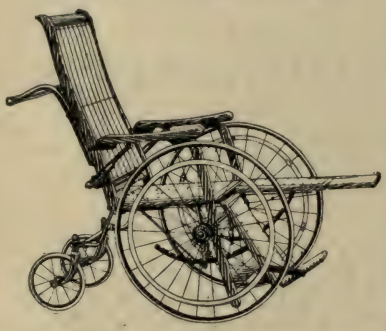
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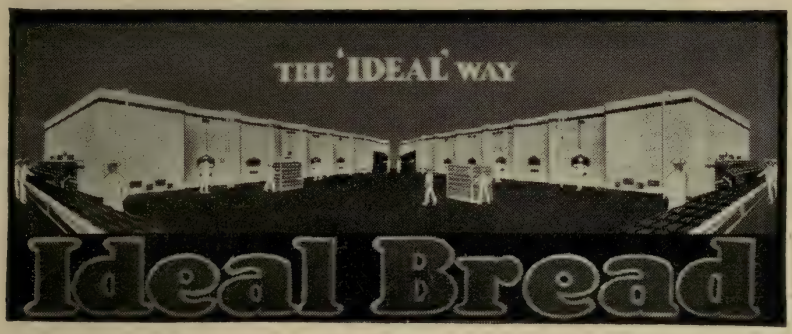
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THE HOSPITAL WORLD

Vol. XVIII Toronto, October, 1920 No. 4

CONTENTS

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Montreal, October 4—10

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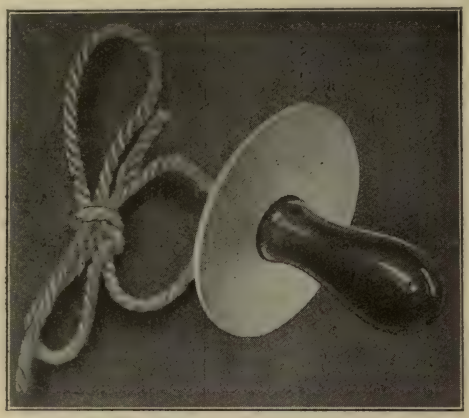
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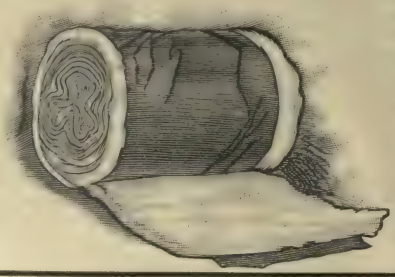
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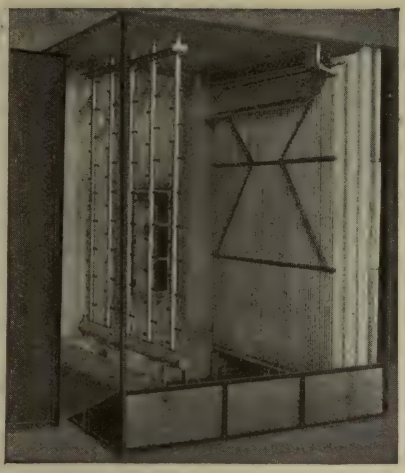
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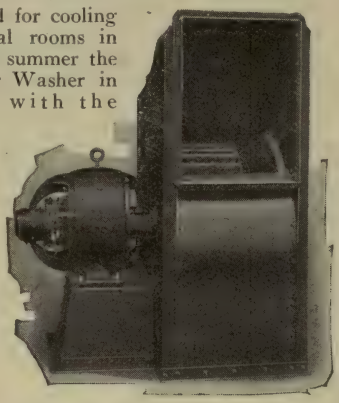
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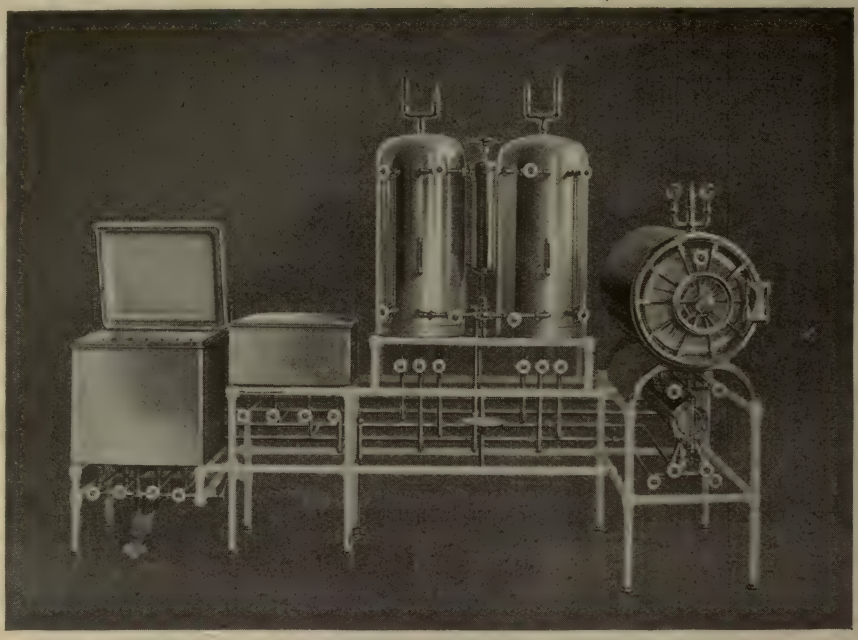
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INTO the construction of "White Line" Apparatus only such materials are permitted to enter as we know from years of experience will serve the purpose intended to advantage. "White Line" Equipment is built to give long years of highly efficient service.

Write our Engineering Department for layout, plans and specifications.

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MADISON, WISCONSIN, U.S.A.



DESCRIPTION OF DOLL.—Over 5 feet tall, made of finely woven stockinet. Is durable, waterproof and sanitary. Has copper Reservoir which has three tubes leading into it, corresponding in location and size to the urethra, vaginal and rectal passages.

No Hospital Training School complete without

The Chase Hospital Doll

Adult size, also infant models, 2, 4 and 12 months, and 4-year-old sizes.

Chase dolls are well made of cloth, jointed, and painted with waterproof paint, with internal reservoirs.

The Value

of this substitute of a living model is found in the many practical lessons which can be taught in the class room, such as handling of patients, administering enema, douching, probing in the ear and nose cavities—in short, the complete care of the patient.



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Is there anything more important than the proper handling of your foodstuffs?

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For this reason it is the most effective of all soaps for use in the sick-room, for the toilet or for the home. Notwithstanding its low price, Lifebuoy is made from the purest base and may be used to advantage on the skin of the youngest infant. Thousands of people will use no other than Lifebuoy for every soap purpose.



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PYRENE in the Hospital will relieve you of that unpleasant feeling of worry and strain, and the thought that some day you will be visited by fire which will perhaps destroy both life and property.

PYRENE Liquid is a combination of purely organic materials, having an aromatic odor and a high specific gravity. PYRENE contains neither acid, alkali, salts nor moisture, and will not stain the most delicate fabric or injure anything with which it may come in contact.

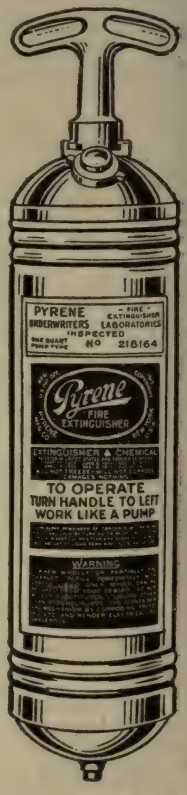
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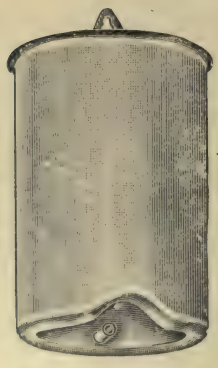
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MANY doctors and nurses are finding it worth-while to pay a little more and get the best rubber heels made. In Wingfoot Heels they find more springiness, more comfort, more lasting and even wear. By *insisting* on Wingfoots they get assurance—we guarantee them to outwear any rubber heel made; if they fail, we gladly give another pair free.

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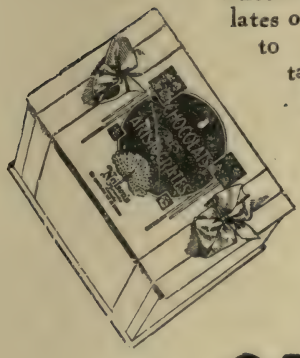
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Two Women Suffocated in Fire at Private Maternity Hospital

WIRING WAS PRIMITIVE

Proprietor of Hospital Says He Was Never Instructed To Install Fire Escapes

Ottawa, May 13.—(By Canadian Press.)—It has been decided to conduct a searching investigation into the fire which occurred early this morning at the private maternity hospital of Dr. F. C. Hagar, in which two patients lost their lives. The deputy fire marshal of Ontario, Mr. George F. Lewis, of Toronto In Ottawa

Two Lives That Might Have Been Saved by a

Northern Electric

GAMEWELL

Fire Alarm System

THERE is nothing more tragic than a Hospital fire. Yet in these days of supposed enlightenment, accurate statistics tell us that in Canada and the United States, a hospital burns every day.

Largely because of ignorance and carelessness and a criminal disregard of the fundamentals of fire prevention and fire protection, the lives of new-born babies, their mothers, of orphans, of the crippled and the blind are snuffed out singly, in small groups and occasionally by the score.

A Northern Electric - Gamewell Fire Alarm System might have prevented this tragedy. One thing is certain—it would have provided the quickest and most dependable method known to modern science of bringing the Civic Fire Department to the scene of the fire.

There is a Northern Electric System to meet the requirements of every institution in this country be it large or small.

To-day's investigation and action may prevent to-morrow's sorrowful meditation.

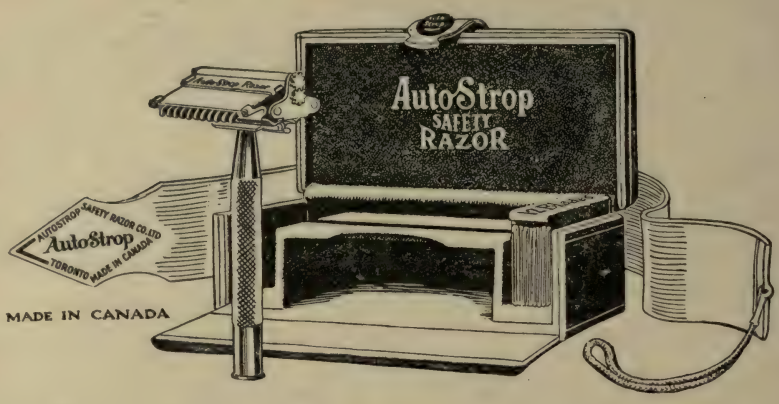
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Hospitals, Doctors, Nurses prefer the safe and keen AutoStrop Razor

(Sharpens itself)

THEY prefer the AutoStrop Razor because it shaves the skin of the patient without that awkwardness or danger which attends the use of the open blade. They prefer it because of the ease with which it may be kept antiseptically clean; and they prefer it because there is never any inconvenience or worry about blades. For by means of the simple and effective stropping device, the blade edge may be quickly brought to the desired keenness. After use the AutoStrop Razor is simply sterilized with the other instruments.

Nothing to take apart; nothing to put together. Sharpening, shaving, cleaning are done without removing the blade from the frame.

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AutoStrop Safety Razor Co., Limited

AUTOSTROP BUILDING TORONTO, CANADA

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Physicians should remember that
the management of

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Corner King and John Sts., Toronto

(re-opened recently) will be glad to entertain as guests their out-of-town patients.

This FIREPROOF structure has been completely renovated and newly furnished, and will have every modern improvement. Rates strictly in accordance with the most up-to-date service.

Rooms obtainable with either running hot and cold water, or with bath, as desired.

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TRADE MARK

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Its pleasant, refreshing taste and remarkable lasting effect exhilarates the senses with a feeling of wholesome cleanliness.

The first tube you use will prove its worth.

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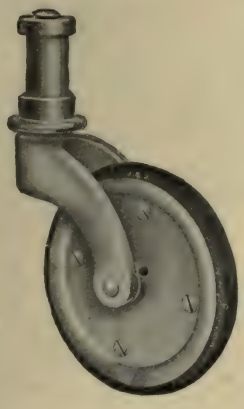
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The Hospital World

TORONTO, CANADA

A Journal published in the interests of Hospitals, Sanatoria, Asylums and Public Charitable Institutions throughout the British Empire

Vol. XVIII. TORONTO, OCTOBER, 1920 No. 4

Editorials

THE FUTURE OF THE AMERICAN HOSPITAL ASSOCIATION

To predict what the American Hospital Association will become is difficult, but its past history may give one some clues as to possibilities. Its membership, both corporate and individual, is sure to increase. Its scope of work will widen, and subjects still *sub judice* will be more intensively studied. Its pronouncements on various points in hospital construction and equipment will be many and varied from time to time. There are yet many debatable topics—such as the site—urban or suburban; type of building one-storied or more—detached low pavilions or skyscraper blocks; materials of walls, roofs, floors; best windows; power plant—type of boiler and enginry; refrigeration—ammonia or CO_2; heating—hot air, water, or steam—direct or indirect; ventilation—amount of air required, temperature and humidity,

fresh or washed; color schemes of walls and ceilings; lighting—direct or indirect, natural and artificial; special lighting of operating rooms. Landscaping of grounds; planning special departments—out-door, admitting, venereal, social service, and all special departments; signal systems, arrangement of telephone service, etc., etc.

Then as to equipment—furniture, utensils, laundry machinery, kitchen outfit, sterilizers, instruments of all kinds; household supplies.

About record-keeping and history-taking, accounting and bookkeeping the last word has not been said.

On all the above, and upon an almost infinite number of other items the association will have to pronounce from time to time.

Questions of organization—medical, surgical and special—will come up perennially. Likewise the problems of nursing the patients. No one has come to dogmatic finalities regarding very many of these topics so absorbingly interesting to hospital workers.

Undoubtedly from the Great War many lessons will have been learned. It was an epochal event, not only in world history, but also in hospital annals. Many practical lessons have been learned by all the doctors and nurses who did such splendid work in building as by magic great military hospitals, equipping, managing and maintaining them amid tremendous stress and strain. For them, new types of

building were constructed, new ward plans, new disinfectants tried out, new splints used, new surgical procedures tried out, serums and vaccines tested, and new sanitary apparatus put into commission. The organization of surgical teams was introduced and the passing of the recruits under the inspection of numerous specialists—both, no doubt, will more and more be adopted by progressive hospitals.

The permanent headquarters of the association, under the direction of the secretary, will become more and more a centre to which all hospital workers may look for assistance in regard to the many problems which continually confront them. Here will be found the most authoritative and authentic information on any and every subject connected with hospitals.

The writer dares add that inside a decade a goodly number of the members will visit the place of annual rendezvous in aeroplanes. The association will be held in the full of the moon. To the 1930 meeting in New Orleans, the Chicago, San Francisco, Montreal and Boston delegations will leave their home cities the evening before the day of opening, and in gigantic, palace airships will speed in the moonlight above the cloud flocks toward the place of meeting. After feasting their eyes on the wondrous snow-capped Sierras, or the majestic St. Lawrence, or the rolling prairies dotted with scintillating towns and cities, they will lie down, sleep peacefully for the remainder of the night, arriving in the Crescent City for breakfast.

THE GROWTH OF THE AMERICAN HOSPITAL ASSOCIATION

A HANDFUL of men laid the foundation of the American Hospital Association. While the object of the earlier meeting was to discuss economy and efficiency in hospitals in a formal programme of papers, there seems no doubt that the founders had in mind the festive aspect of the meeting as well, judging from the jolly conviviality indulged in by some of them. They were opposed to commercial exhibits and were rather inclined to make a close communion establishment of the association and to stress the entertainment point of view. The admission of trustees, superintendents of nurses, etc., etc., was not thought of and the corporate membership idea (advocated first —we believe—by the *Hospital World*) was undreamed of.

The association has travelled a long way in twenty years. It has widened its door of admission, made room for exhibits—commercial and non-commercial —has amplified its by-laws, has appointed a paid secretary, and its active members have been instrumental in starting state, city and district hospital associations all over the continent. Then, too, the association has adopted the sectional idea, which enables those administrators and workers interested in any particular department of hospital work to listen to papers and discussions in that particular subject.

In 1906, Mr. Geo. Ludlam, president, suggested that the name be changed from "Society of Hospital

Superintendents'' to ''American Hospital Association''; and at the Boston meeting in 1913, Dr. F. A. Washburn asked, ''Can we ever be all that name implies until we admit members of our staff and superintendents of nurses?''

Dr. H. B. Howard, in 1910, stated that hospitals could best be placed upon a high plane and kept there if some system of inspection was adopted. This important suggestion has come to fruition in the work of the American Association of Surgeons, with which work the American Hospital Association has a co-operating committee. The result is that a survey has been made, is going on, and will go on until the work of physicians, surgeons, internes, nurses, will be of a high order; and the influence of their work will be communicated to all workers in the hospital. A complete record of cases will be kept; best systems of accounting will be adopted; the work of the O. P. D. will be enlarged and extended; social service will be more than ever stressed; and the community at large will be forced to become absorbingly interested in the care of the sick and the prevention of disease. Thus the means to provide new hospitals, and supply funds for maintenance, will be readily procured—whether from voluntary sources or general taxation, or both.

The Hospital World wishes the American Hospital Association members the warmest possible welcome to Canadian territory; is sure they will find the occasion one of great profit and much pleasure, and hopes in a few years to have them as guests again.

NURSING ETHICS

Ethics has to do with conduct and duty. In respect to the nurse it may be considered from several points of view—as related to herself, to her patient, to the physician, to her profession, and to the public. We shall speak on the first two of these.

A nurse's duty to herself may be summed up in the rather comprehensive expression, self-culture. This involves the cultivation of those physical and mental qualities which should be possessed by every woman, plus certain qualities the nurse should possess in a pre-eminent degree.

Let us consider briefly some of those qualities upon which emphasis should be laid.

The first is cheerfulness or optimism. This has to a large degree a physical basis, that of good health—a requisite now demanded of all candidates for training.

Taking it for granted that a nurse has a sound body at the beginning of her course, how is she to maintain her health unimpaired during her three years of arduous and dangerous service?

We would reply,—By care in respect to her diet, in respect to sleep, in respect to the air she breathes, and in respect to rest.

The nurse should eat only plain food, especially well cooked. Her meals should be eaten regularly, and time taken to thoroughly masticate them.

She should possess good teeth. She should visit the dentist every two or three months in order that

precautionary measures may be taken against caries, pyorrhœa and the like. She should learn from him what sort of cleansing preparations are best and receive specific instructions as to how the teeth should be cared for. Much ill health is due to improper care of the teeth and of the oral cavity.

The care of the feet probably comes next in importance, and the care of the skin next.

Sleep—Nursing the sick is a severe tax on the nervous system. The nurse is constantly under more or less strain. How shall she recuperate her lost nervous energy? On a par with diet, we would almost place sleep. "He who sleeps eats" runs the old proverb. As much as possible should be secured in the earlier half of the night. The daily hour off may well be spent in this way. Before one of the great naval battles between the English and the French at the mouth of the Nile, the English commander bade his soldiers sleep for twenty minutes. Victory followed their forty winks. What portion of the glory may be ascribed to sleep, we do not know, but it helped, no doubt.

Fresh Air—Nurses should sleep with windows open as wide as possible, better in the open air under sheltered verandahs. More and more are people sleeping in the open; and those who have experienced the benefits resulting from the practice refuse to return to their room. Oxygen increases will power and destroys the toxines by which hospital workers are so liable to be poisoned. For their own, as well as for their patients' sake, they should see to it that

their wards and sick rooms are well ventilated and that continuously.

Rest—By rest we mean more than sleep; rather the getting away from the sick room daily, weekly and yearly. This is often difficult to accomplish. The off hour, the half-day off, the summer vacation should mean the exclusion of all thought concerning the sick. Some diversion should be sought or some avocation pursued which will engross the attention. This will rest both mind and body. Our recommendation would be that the nurse should take up some form of manual effort, such as basket-making, book-binding, or painting, instrumental music, or some out-of-door study, as botany, entomology, or work in the garden.

Where nurses do twelve hours or even twenty-four hours' duty (which under present conditions it seems they are obliged to do), rest and recreation are imperative, else nature will rebel, and there will be a physical breakdown.

We have often wished to see a rest home established in the country for tired hospital workers. Such a place would be more than acceptable as a recruiting station for nurses.

Of course, one can point to marked exceptions to the rule that sound health alone spells cheerfulness and optimism. Take Robert Louis Stevenson, for instance, who was all his life an invalid and seemed constantly to have remained bright and buoyant, working in good heart. Numerous other examples will doubtless occur to one, where people have proved

sweet-tempered and optimistic when the days of their life were grey and the sun hidden by clouds.

The next quality we would emphasize is self-control. And here also it is the nurse who feels well in body, rested and refreshed, who will be most likely to excel in this virtue.

The frown, the unguarded word, the sharp retort or impatient act—all indicate lack of inhibition. Some nurses (though full of energy) naturally possess the quality of imperturbability. Dr. Osler has written a book for doctors entitled "Equinimitas." Nurses have the same need as physicians of securing possession of this admirable qualification.

Following optimism and self-control, we shall speak of honesty—more important from an ethical standpoint than either of the former two. A recent writer says, "What a nurse is is more than what she can do." What a nurse is will be an index of what she can do, of the things she will decide to do, and of the way she will do them. Therefore, before inquiring into the question concerning the right and wrong of a nurse's actions (the question of ethics) it is important to inquire first what the nurse is, what are her predominant characteristics. If we discover these, we can predict fairly how she is likely to get on in the profession.

Is the nurse honest? If so, she will in so far as she is able give her whole time and attention to the work in hand. This means that she will be punctual; that she will observe closely her patient's condition and record carefully signs and symptoms of improve-

ment or the contrary. Most important is it that she should notice any unfavorable symptoms and report them at once.

She will be obedient to her superior nurses and to the doctors under whom she works, carrying out all orders implicitly.

An honest nurse will report such matters as a mistake made in giving a dose of medicine, burning a patient with a hot water bottle, neglecting the carrying out of an order or falling asleep on duty; she will confess the error, and give promise that it will not be repeated. If a nurse fails to do this she is not honest and should not continue in such a profession as that of ministering to the sick.

If a nurse is honest, she will be careful of hospital supplies; she will not be willfully extravagant with food or drugs, dressings, linen, gas or electricity. Neither will she use for herself delicacies belonging to the patient.

It is rankest dishonesty for a nurse to take a patient's temperature without a thermometer, guess at the pulse rate or to record on history paper work that has not been performed. We are sorry to say that we have heard of this being done.

We have stated that an honest nurse will not be willfully extravagant; and here comes the opportunity for her superiors in the hospital in which she works to train their pupil nurses in economy.

Still again, if a nurse is honest she will take pains. Some one has said that "Genius is the result of taking infinite pains." The greatest care is needed

where human life is at stake. We who live in hospitals too often look upon patients as cases only, and have a tendency to treat the sick in a routine and perfunctory manner. This malady in a hospital is called institutionalism or hospitalism. It is the worst disease which can attack the staff of any hospital.

Sometimes a nurse, doctor, or other hospital employee has to fall very ill himself in order to gain an idea of what it means to be taken from home and relatives to an institution the business of which it is to care for sick people; to be formally admitted, to be carried to a ward, and laid alongside of other sick people, to be ministered to by strange hands in a routine way.

To escape the canker of this institutionalism we need to exercise the greatest watchfulness.

The care of the sick calls for a quiet manner, a quiet voice and quiet surroundings in so far as the nurse can enforce quiet. To this end she should see that there is no door slamming, rattling dishes, noisy walkers, whistling, singing and the like. All noises are disquieting to the patient and militate against his recovery.

And this leads us to the next topic—Considerateness. This embraces kindness, sympathy and patience.

Many people have an idea that these qualities are the most essential in a nurse. They are very important it is true. (It is a little difficult to rank some of these virtues.)

A considerate nurse will not only perform her

work well but will give evidence to the patient that she has the patient's welfare at heart. Most patients are quick to notice the signs of the mothering instinct—an intonation of the nurse's voice, an expression of the countenance, a sensation conveyed by the touch—these are translated immediately into a cordial relationship or the reverse. The patient feels that he is the subject of warm personal interest; this is the first step toward his recovery in so far as the nurse is concerned. A feeling of mutual interest should always exist between nurse and patient. Its strength will vary in degree, dependent upon the character of nurse and patient. It should be unnecessary to say that the nurse must decide in all kindliness to what extent this reciprocity of sentiment shall obtain. No nurse should allow her sympathy to run away with her judgment; and, on the other hand, no nurse should be so unresponsive as to repel the patient.

It is the cranky, irritable, fault-finding patient who tries the nurse. This is the type of case in which she must exercise much self-control, and refrain from punishing the patient, even by neglecting some of his lesser needs. The utmost patience and tact are required. These sometimes become exhausted, and discipline must be enforced. Fortunately, such instances are rare. One of the best tests of a nurse's temperament is her ability to preserve harmonious relations with her patients.

The pleasure of a journey is not at the arrival at its end, but along the road; so the chief pleasure

in nursing should be that which comes day by day as the result of conscientious work, and not at the end of the case. "Work is as it is done." To do the right thing in the right manner is an art, the execution of which in any sphere gives a high degree of pleasure. Some nurses are artists—as shown in such duties even as bed-making, administering a hypodermic injection and in the one hundred and one things she has to do daily. A nurse's training should develop her best qualities and atrophy her faults; should help her very much in the discernment between the true and the false, and to follow the good which is its own instant reward.

The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums and Public Charitable Institutions throughout the British Empire

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Original Contributions

AMERICAN HOSPITAL ASSOCIATION

MONTREAL—OCTOBER 4 TO 10.

THIS body met once before in Canada—in Toronto in 1908. Canadian hospital workers have been enthusiastic supporters of this association. Two of them, for several years each, served as secretary of the organization, putting much energy into the work, which was rewarded by a greatly increased membership and in a much greater interest in the programme of the annual meetings. We allude to Dr. John N. Brown and Dr. H. A. Bryce, both of whom are now in private practice.

The meeting comes at an opportune time. There is a certain feeling of tension just now between the two countries, especially among the Chauvinists and Jingoes. But good sense is sure to prevail and harmony will be maintained. The visiting hospital workers will find no feeling of animosity toward them in the ranks of Canadian hospital workers. Humanitarians, scientific workers and educated folk, as a whole, are all strong for the Entente Cordiale.

We are glad Montreal has been chosen as the meeting place. Mount Royal will display all her charms to the visitors, decked, as she will be in her autumn robes of red and yellow. Then there are the glories of the St. Lawrence, and the picturesqueness and quaintness of the *milieu*, novelty and surprise. One is pleased, too, with the happy volubility and perfect courtesy of the French residents. The hospitals, also, will be a great source of delight and interest. The *piece de resistance*, of course, is the Royal Victoria, perched like some old chalet, chateau or castle on the mountain side. Here a special welcome, no doubt, will be extended to all the guests; if the one given to the Canadian Hospital Association when it met in Montreal a few years ago is a criterion to go by, the occasion will be one long to be remembered.

Seeing that our own national association has not been called together for several years (on account of the war) we would suggest that a meeting of this body be held at the same date. The programme might be merged with that of the sister body, but a business meeting or two might be held at which re-organization might be effected and arrangements made for a meeting somewhere (to be selected) in the year 1921.

The first annual conference of the American body was held in Cleveland in 1899. It was convened by Dr. Jas. S. Knowles, Superintendent of Lakeside Hospital in that city. Only a handful of superintendents attended the earlier meetings. But the organization grew like a green bay tree. Its influence has been such that numerous state and city societies have arisen all over the continent, having its same *motif*—"the promotion of economy and efficiency in hospital management."

During the earlier years of the association's existence its policy was to exclude scientific exhibitors. During recent years, however, they have been allowed to come to the meeting place and display their wares. Visitors find the show very instructive. The exhibitors do a goodly sort of advertising, and the Association reaps a pecuniary benefit, which enables it to afford a salaried full-time secretary.

The meeting this year is to be presided over by Dr. Jos. B. Howland, of the Peter Bent Brigham Hospital, Boston, an excellent type of hospital worker. The energetic secretary is Dr. A. R. Warner, who may be addressed for information at the Lennox Building, Cleveland, Ohio.

The following is the provisional programme to the date of this issue going to press:—

PROGRAMME.

TWENTY-SECOND ANNUAL CONVENTION OF THE AMERICAN HOSPITAL ASSOCIATION, MONTREAL, OCTOBER 4-10, 1920.

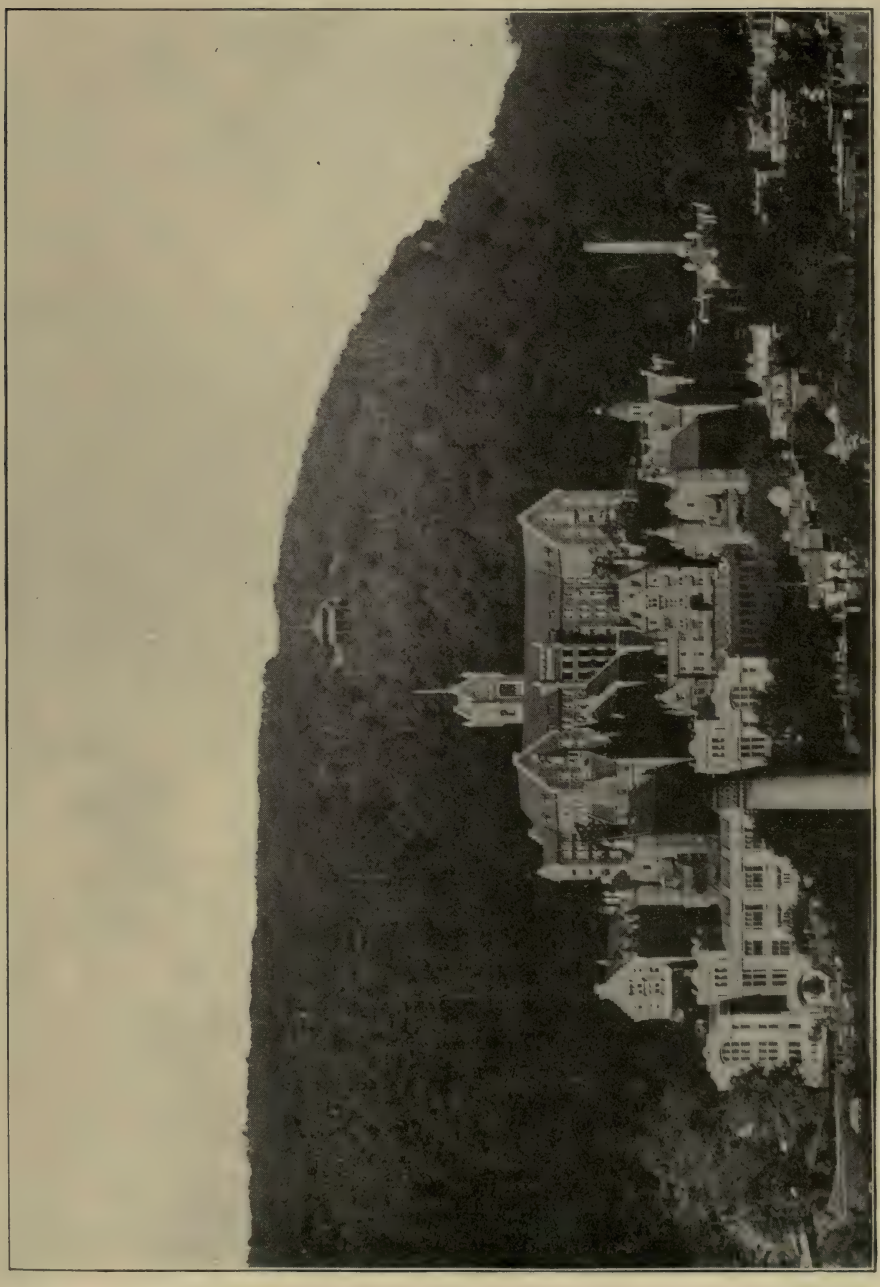
MONDAY, OCTOBER 4, 1920.

Registration.

Inspection of Exhibits.

Entertainments, moving pictures in Convention Halls.

Evening Informal Reception, by local committee in exhibit and meeting halls.



The Royal Victoria Hospital, Montreal.

TUESDAY, OCTOBER 5, 1920, 10 A.M.

General Session—large Convention Hall.

Invocation.

Address of Welcome, by Mr. E. R. Decarey, Chairman of the Board of Administration Commissioners of Montreal.

President's Address, by Dr. Joseph B. Howland, President; Superintendent, Peter Bent Brigham Hospital, Boston, Mass.

Report of Trustees, read by the Executive Secretary.

Executive Secretary's Report, by Dr. A. R. Warner, Executive Secretary.

Routine Business.

TUESDAY, OCTOBER 5, 1920, 2 P.M.

General Session—large Convention Hall.

"Community Hospitals as a Solution of the Rural Health Problem," by Dr. F. E. Sampson, Superintendent Greater Community Hospital, Creston, Iowa.

Discussion by Dr. John A. Hornsby, Editor *Southern Hospital Record.*

Discussion by Dr. Louis B. Baldwin, Superintendent University Hospital, University of Minnesota.

"The Place of the Dispensary in the Public Health Programme of the Future," by Mr. John A. Lapp, Editor *Modern Medicine.*

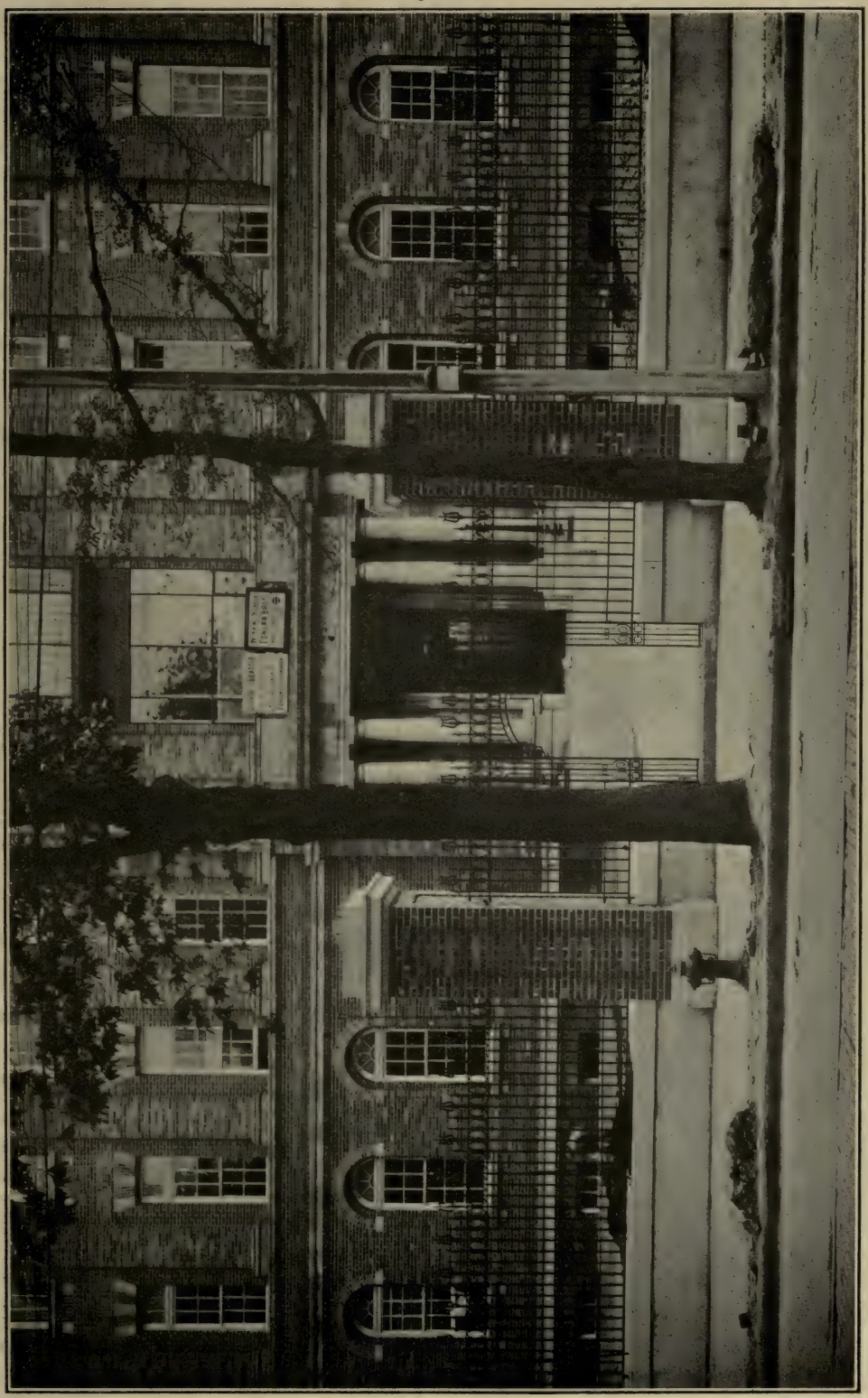
Discussion by Dr. C. G. Parnall, Medical Director and Superintendent University Hospital, University of Michigan.

Discussion by Mr. John E. Ransom, Superintendent Michael Reese Dispensary, Chicago, Ill.

SECTION ON HOSPITAL ADMINISTRATION.

Chairman—Dr. R. B. Seem, Director Albert Merritt Billings Hospital, Chicago, Ill.

Secretary—Dr. A. C. Bachmeyer, Superintendent Cincinnati General Hospital, Cincinnati, Ohio.



Entrance to Toronto General Hospital.

TUESDAY EVENING, 8 P.M.

Section Hall—near Registration Room.

"Some Essential Factors in Efficient Hospital Administration," by Dr. Malcolm A. MacEachern, Superintendent Vancouver General Hospital, Vancouver, B.C.

Discussion, Mr. Pliny O. Clark, Superintendent Presbyterian Hospital, Denver, Col.

"The Selection and Organization of the Hospital Personnel," by Dr. C. G. Parnall, Medical Superintendent and Director University Hospital, University of Michigan.

Discussion, Dr. Winford Smith, Superintendent John Hopkins Hospital, Baltimore, Md.

"How Hospital Administrators May Keep Abreast of Administrative Progress," by Dr. Harold W. Hersey, Superintendent New Haven Hospital, New Haven, Conn.

Discussion.

SECTION ON OUT-PATIENT WORK.

Chairman—Mr. John E. Ransom, Superintendent Michael Reese Dispensary, Chicago, Ill.

Secretary—Mr. Clarence Ford, Superintendent Division of Medical Charities State Board of Charities, Albany, N.Y.

TUESDAY EVENING, 8 P.M.

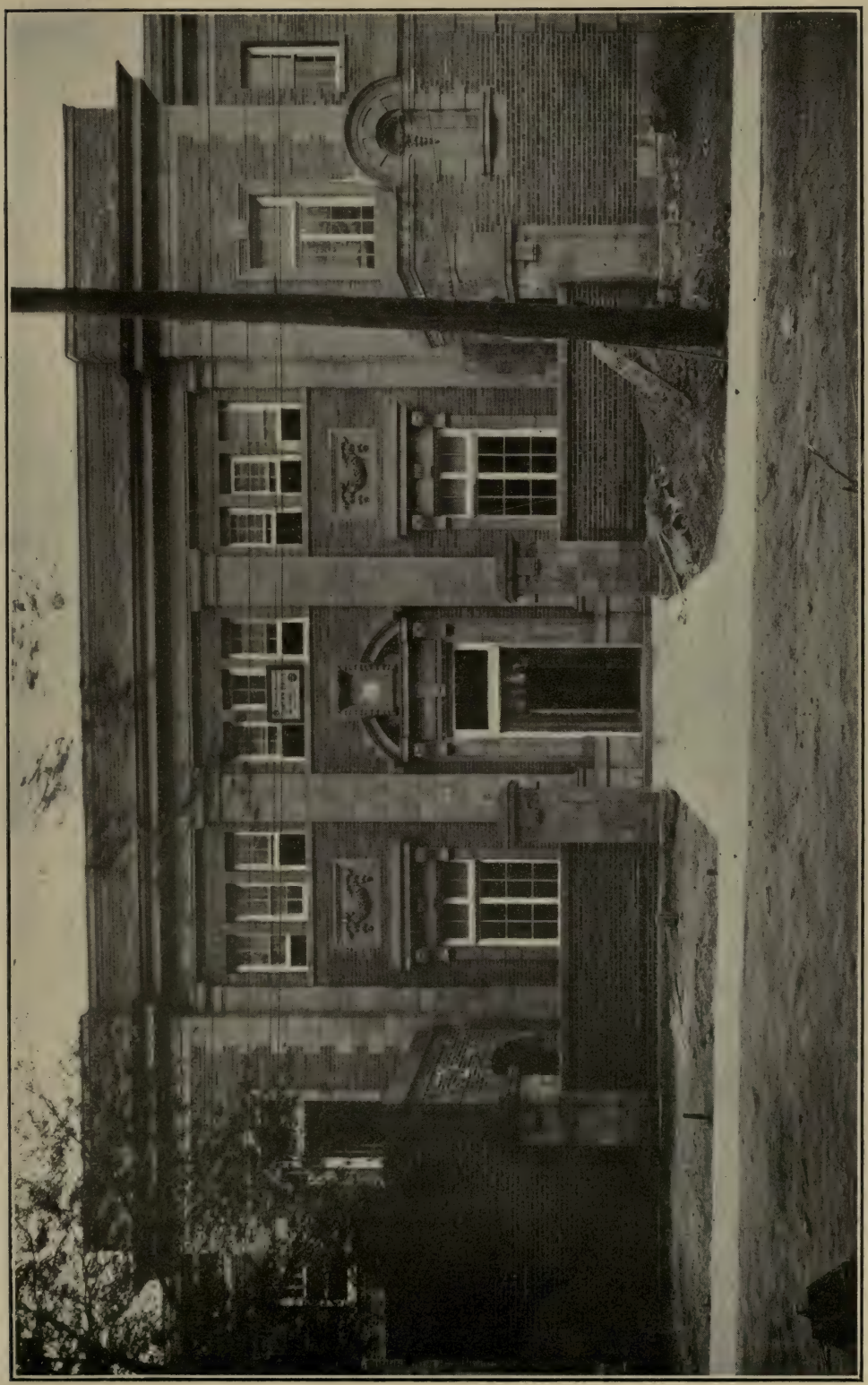
Large Convention Hall.

"Report of the Committee on Out-Patient Work," by Mr. John E. Ransom, Chairman, Superintendent Michael Reese Dispensary, Chicago, Ill.

General Discussion.

"The Relation of the Out-Patient Department to the Hospital Proper," by Dr. Ralph B. Seem, Superintendent Albert Merritt Billings Memorial Hospital, Chicago.

Discussion.



Entrance Out-Patient Department, Toronto General Hospital.

"Travelling Clinics," by Mr. J. J. Weber, Editor *The Modern Hospital.*

Discussion.

WEDNESDAY, OCTOBER 6, 1920, 2 P.M.

General Session—large Convention Hall.

"Community Funds for Capital Expenditures," by Mr. Pliny O. Clark, Superintendent Presbyterian Hospital, Denver, Colo.

Discussion, "Money Obtained from Public Taxation," by Mr. Howell Wright, Executive Secretary, Cleveland Hospital Council, Cleveland, Ohio.

Discussion.

"Industrial Clinics in General Hospitals," by Dr. Wade Wright, Industrial Hygiene Department Harvard Medical School, Cambridge, Mass.

Discussion.

"Hospital Occupational Therapy," by Miss Idelle Kidder, Director Missouri Association of Occupational Therapy.

Discussion by Dr. Louis H. Burlingham, Superintendent Barnes Hospital, St. Louis, Mo.

WEDNESDAY, OCTOBER 6, 1920, 2 P.M.

"Entertainment by the Local Committee," trip on the St. Lawrence River.

SECTION ON HOSPITAL CONSTRUCTION.

Chairman—Dr. George O'Hanlon, Superintendent Bellevue Hospital, New York, N.Y.

Secretary—Mr. Oliver H. Bartine, Hospital Consultant, New York City.



A Hospital Ward, as it should be, Flooded in Sunshine.

WEDNESDAY EVENING, 9 P.M.

Section Meeting Hall—near Registration Room.

"Distribution of Food in Hospitals as Related to Hospital Construction," by Mr. Frank Chapman, Superintendent Mount Sinai Hospital, Cleveland, Ohio.

Round table discussion of hospital construction.

SECTION ON NURSING.

Chairman—Miss E. M. Lawler, Superintendent of Nurses Johns Hopkins Hospital, Baltimore, Md.

Secretary—Miss Elizabeth Flaws, Superintendent Wellesley Hospital, Toronto, Canada.

WEDNESDAY EVENING, 8 P.M.

Large Convention Hall.

"Affiliation Between Schools of Nursing and Universities," by Miss Jean I. Gunn, Superintendent of Nurses, Toronto General Hospital, Toronto, Canada.

"The Use of Ward Assistants in Hospitals," by Miss Claribel A. Wheeler, Superintendent of Nurses, Mount Sinai Hospital, Cleveland, Ohio.

"The Preparation of the Student Nurse for Public Health Nursing," by Miss Anne W. Goodrich, Director of Nurses, Henry Street Settlement, New York City.

"The Student Nurse Recruiting Movement."

THURSDAY, OCTOBER 7, 1920, 10 A.M.

General Session—large Convention Hall.

"Function of the Social Service Department in its Relationship to Administration of Hospitals and Dispensaries," by Miss Ida M. Cannon, Director Social Service Department, Massachusetts General Hospital, Boston, Mass.

Discussion.



Shields' Emergency Hospital, Toronto.

"Organization and Standardization of Hospitals," by Dr. James C. Fyshe, Superintendent Edmonton Hospital Board, Edmonton, Alta.

Discussion.

"Report of Social Service Survey," by Mr. Michael M. Davis, Jr., Chairman, Director Boston Dispensary, Boston, Mass.

Discussion.

ROUND TABLE.

THURSDAY, OCTOBER 7, 1920.

Beginning 2 p.m.—Ending 12 p.m.

Large Convention Hall.

Chairman—Mr. Asa Bacon, Superintendent Presbyterian Hospital, Chicago, Ill.

This session has proven so popular and helpful in past years that longer time and more preparation was given to it. Mr. Bacon, the Chairman, has already received from members a large number of live questions to be discussed, and selected persons to open the discussion of these who are especially qualified to talk on these subjects. The session will be continuous from 2 p.m. to 12 p.m.

SECTION ON SOCIAL SERVICE.

Chairman—Miss Imogene Poole, Director of Social Service, University of Michigan Hospital, Ann Arbor, Mich.

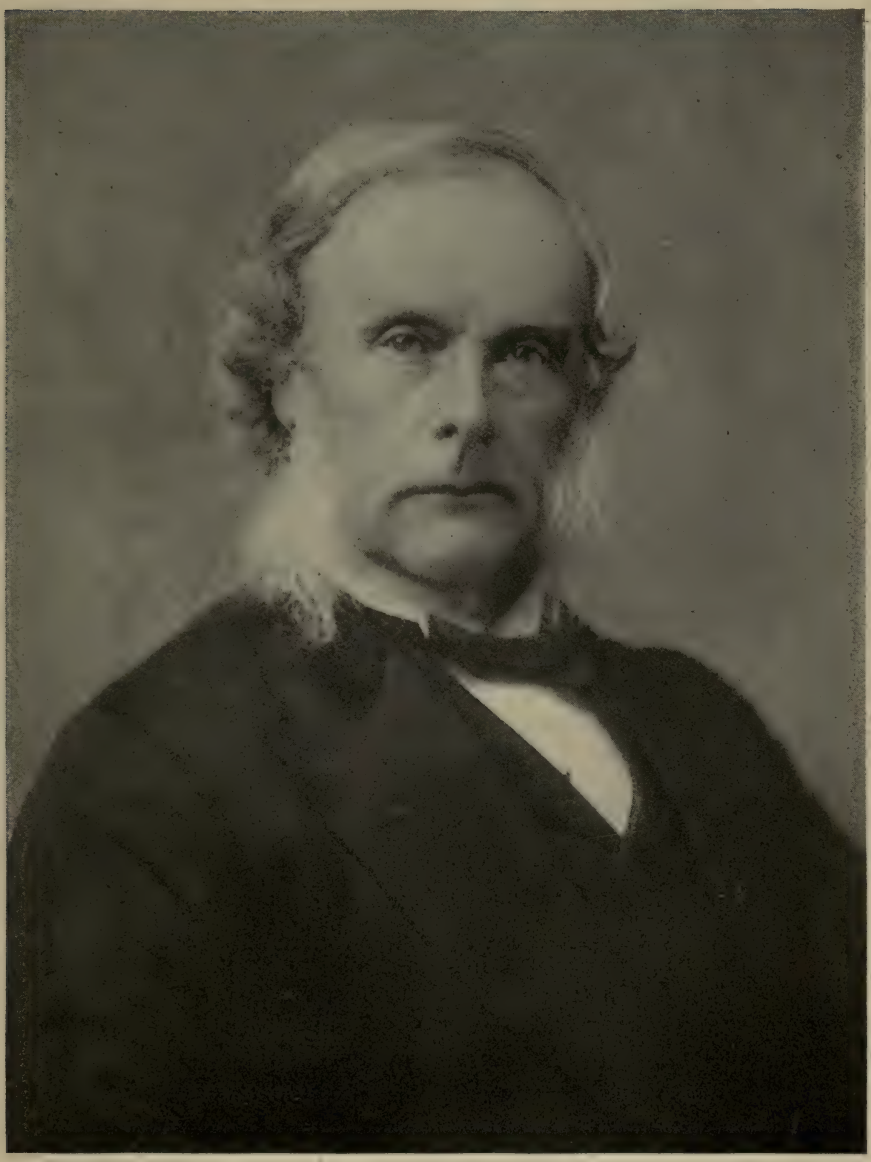
Secretary—Miss Alice Rushbrooke, Director of Social Service Royal Victoria Hospital, Montreal, Quebec.

THURSDAY, OCTOBER 7, 2 P.M.

Section Hall—near Registration Room.

"Medical Social Work as a Therapeutic Factor," by Miss Edna G. Henry, Director of Social Service, Indiana University, Indianapolis, Ind.

Discussion.



Joseph Lister

The Man to Whom Surgery Owes Everything.

"Occupational Therapy and Placing of the Handicapped," by Miss Lilly E. F. Barry, Honorary Secretary Catholic Social Service Guild, Montreal, Quebec.

Discussion.

"Problems of the Social Service Survey," by Mr. Michael M. Davis, Jr., Chairman, Committee on Study of Hospital Social Service, Boston.

Discussion.

FRIDAY, OCTOBER 8, 1920, 10 A.M.

Joint General Session—large Convention Hall.

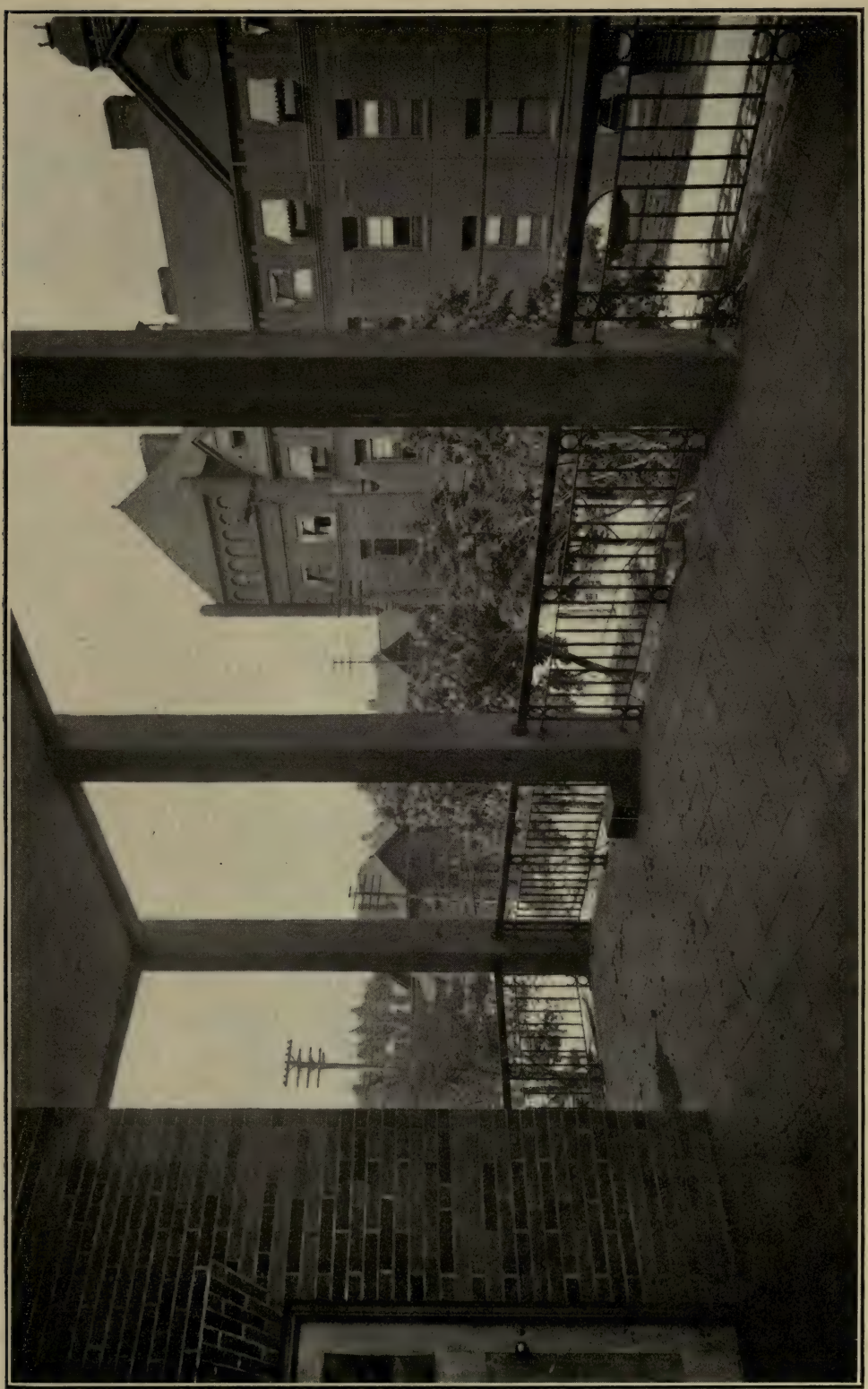
American Hospital Association. American Conference on Hospital Service.

Programme to consist of a summary of reports, by Dr. John M. Dodson, Dean, Rush Medical College, Chicago, Ill.; Miss Mary C. Wheeler, Superintendent, Illinois Training School for Nurses, Chicago, Ill.; Col. James T. Glennan, M.C., U.S.A., Office of the Surgeon General, Washington, D.C.; Miss Edna G. Henry, Director of Social Service, Robert W. Long Hospital, Indianapolis, Ind.; Rev. Chas. B. Moulinier, S.J., President, Catholic Hospital Association, Milwaukee, Wis.

On Friday, the 8th, there will be a general session in the large Convention Hall, at which any unfinished business and reports of committees will be considered. The officers for the incoming year will then be elected.

It is planned to publish a daily bulletin, containing the registrations, notes of local interest and news items. Complimentary tables are being provided for the hospital press. It is proposed that the representatives of the various journals present shall act as a board of editors for the bulletin. In this way they will be kept in touch with all the news of the convention.

The American Association of Hospital Social Workers, in conjunction with the Committee on Hospital Social Work of the Hospital Association, is planning to have an exhibit of methods and organization of Hospital Social Service as it is now carried



Verandah, Toronto General Hospital.

on in the United States and Canada. An information service is planned that will give ample opportunity for delegates to the Convention to discuss with experienced hospital social workers the various phases of the subject.

A special information service will be arranged for such topics as "Psychiatric Social Work," "Social Work with Syphilis and Gonorrhea," "The Organization of a Social Service Department," "Training of the Hospital Social Worker."

Record forms, reprints and reports from various departments will be available for distribution.

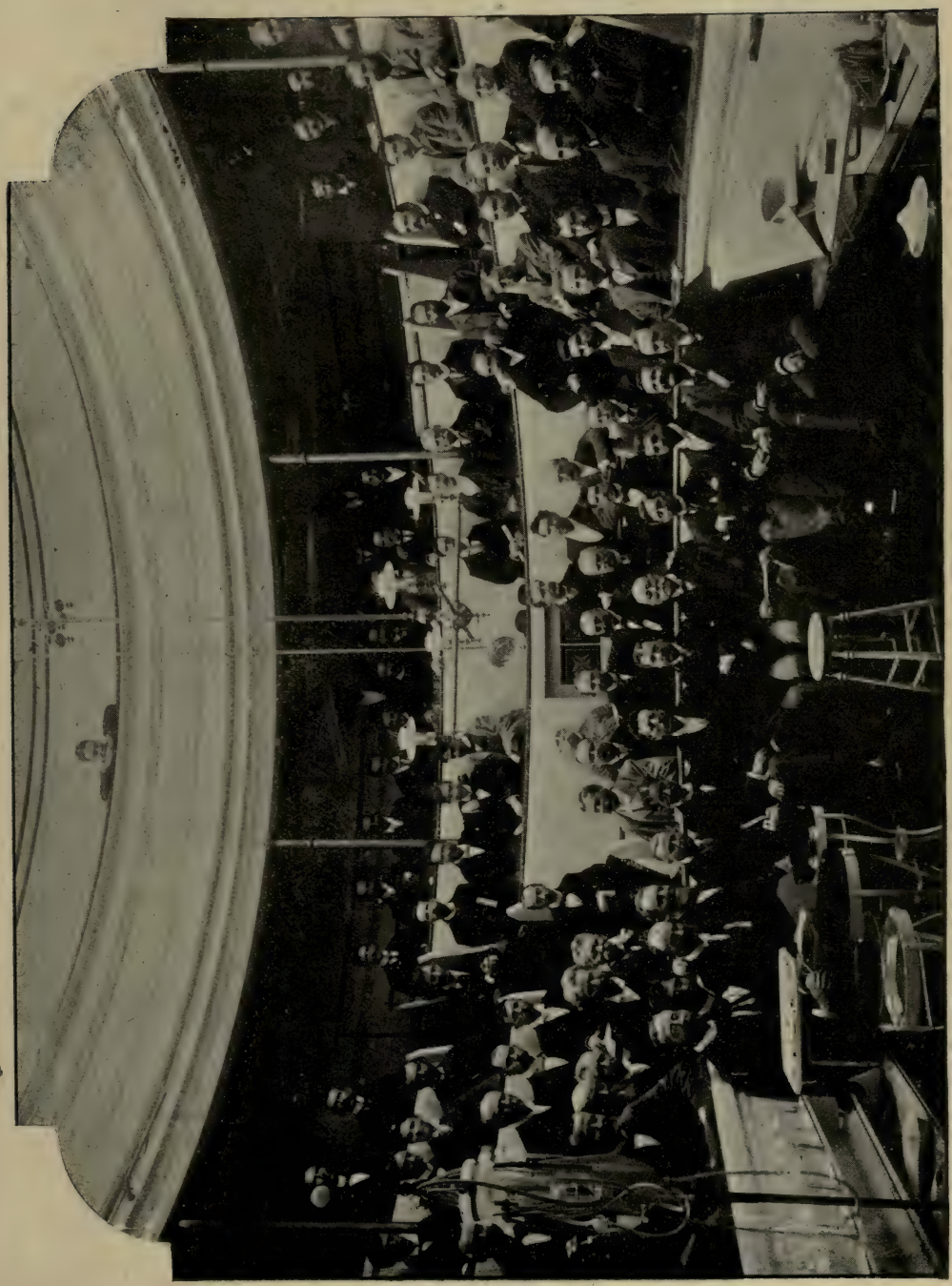
The exhibit and opportunity to bring local problems before those qualified to really help, together with the fact that the American Association of Hospital Social Workers is calling a semi-annual meeting in Montreal in co-operation with the American Association makes this Convention especially interesting to all engaged or interested in Hospital Social Work.

Model Venereal Disease Clinic.

The most significant development in the dispensary field during the last few years, has been the establishment of a large number of clinics for the treatment of venereal disease. On the other hand there are many hospitals and dispensaries in communities greatly needing such facilities that have not yet developed them. Recognition of these facts has led the Committee on Out-Patient Work of the American Hospital Association to make a part of its service to the Association at the Montreal meeting the operation of a model or demonstration venereal disease clinic.

The purpose of the clinic will be to demonstrate to hospital people the best treatment procedure, equipment, clinical organization, record systems and forms, social service, in fact everything that goes into the structure of an efficient clinic for the diagnosis and treatment of gonorrhea and syphilis.

The clinic will be conducted by the Division of Venereal Disease of the United States Public Health Service. This organization which has done such valuable work in establishing and maintaining venereal disease clinics the country over, will provide personnel for the clinic; assigning a physician to be in



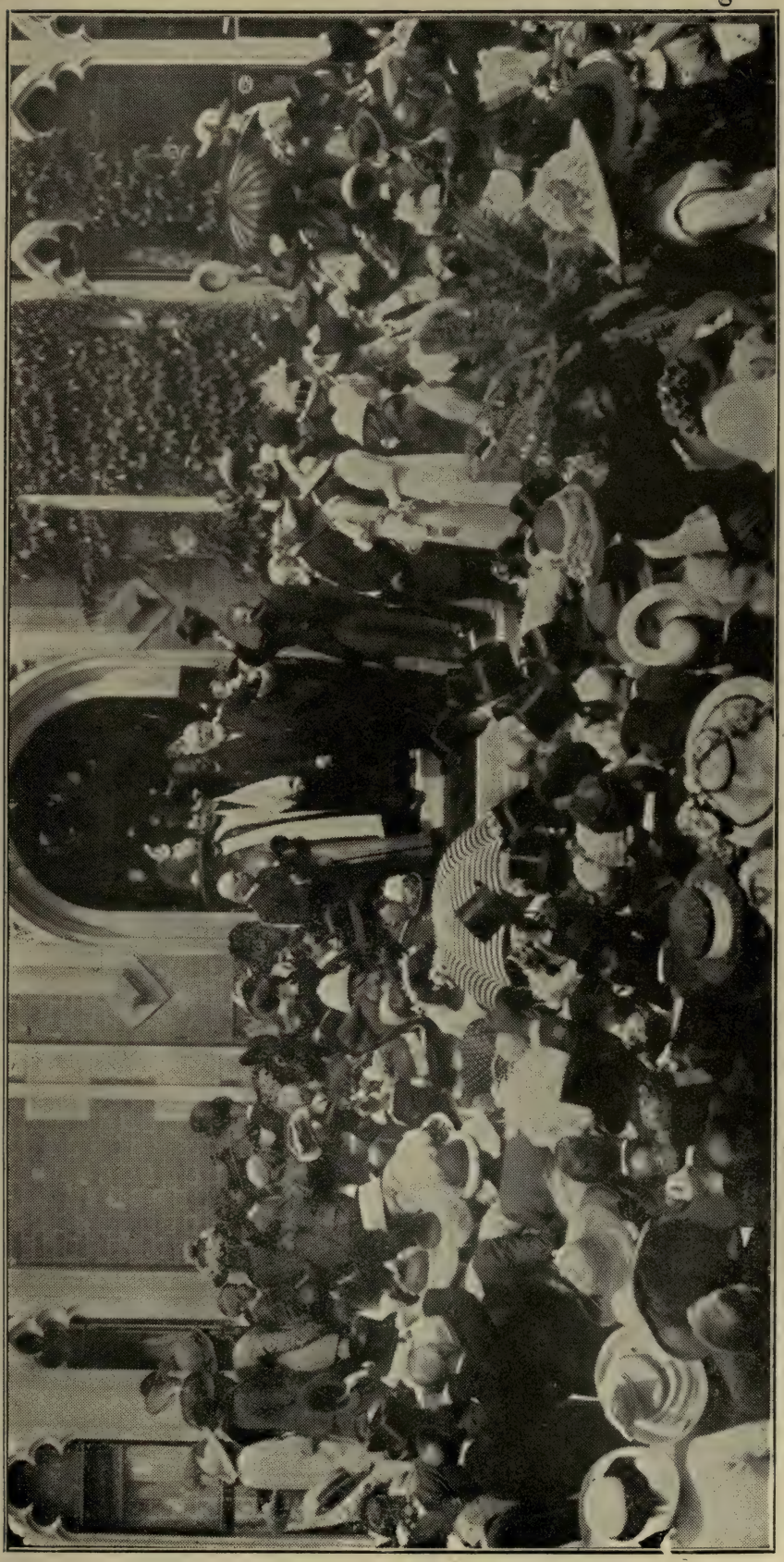
Operating Theatre of the Old Toronto General Hospital, Gerrard Street East.

charge, a nurse and a technician to demonstrate the work of such a clinic, including the methods of preparing for clinical use and administering the various brands of arsphenamine.

Social Service in relation to venereal disease clinics will be demonstrated by the Social Service Section of the Association in co-operation with the Social Service Department of the United States Public Health Service and the American Association of Hospital Social Workers. Opportunity will be afforded all inquirers to obtain expert advice on all phases of venereal disease clinical work. Those who wish will be put in touch with hospital people who have had experience in dealing with the various problems related to the organization of such clinics in different types of hospitals. Record forms both medical and social will be available for inspection.

Model Dispensary.

Another feature of the Montreal meeting will be an exhibit of a Model Dispensary. The function of the exhibit will be to show the best plans of dispensary organization, including administration and staff organization, equipment, admission systems, record systems, night clinics, etc. Outside of the venereal disease clinic there will be no attempt to demonstrate actual clinical procedure. In co-operation with the Service Bureau on Dispensaries and the Community Relations of Hospitals, an information service will be organized by means of which those persons who wish to consult persons especially familiar with certain phases of dispensary work will have the opportunity to do so. In co-operation with the Section on Social Service, a similar exhibit and information bureau in relation to hospital and dispensary social service will be arranged.



Formal Dedication of Wellesley Hospital, Toronto, August 27th, 1912.

ADDRESS TO THE GRADUATING CLASS OF THE ROSS MEMORIAL HOSPITAL, LINDSAY

June 1st, 1920.

By J. W. S. McCullough, M.D., D.P.H.

Mr. Chairman, Ladies and Gentlemen: I am honored in having the privilege of addressing the graduates of this hospital, so well equipped and managed in the interests of the public of the flourishing Town of Lindsay. Although I have in my capacity of a public servant nothing to do with the administration of hospitals, the work of curing the ills of mankind carried on in the modern hospital is so closely allied to that of the prevention of disease in which the Board of Health is concerned that the Board has a lively interest in hospital work and particularly in the work of nurses. For the present day nursing is not merely in caring for sick people alone. The field is daily becoming wider and too many nurses cannot be trained. Indeed, the facilities in all the training schools for nurses on this continent are quite insufficient to provide the training for the nurses required, and at no time since the days of modern nursing began has the demand for nurses been anything like as keen as at the present time. Primarily the nurse was for the sick alone and by degrees she became the faithful ally and strong right arm of the physician. Now she is in constant demand as a public health nurse, as a school nurse and as a social worker who follows like a sleuth upon the tracks of disease in order, not merely to cure, but what is of infinitely greater importance, to prevent, disease.

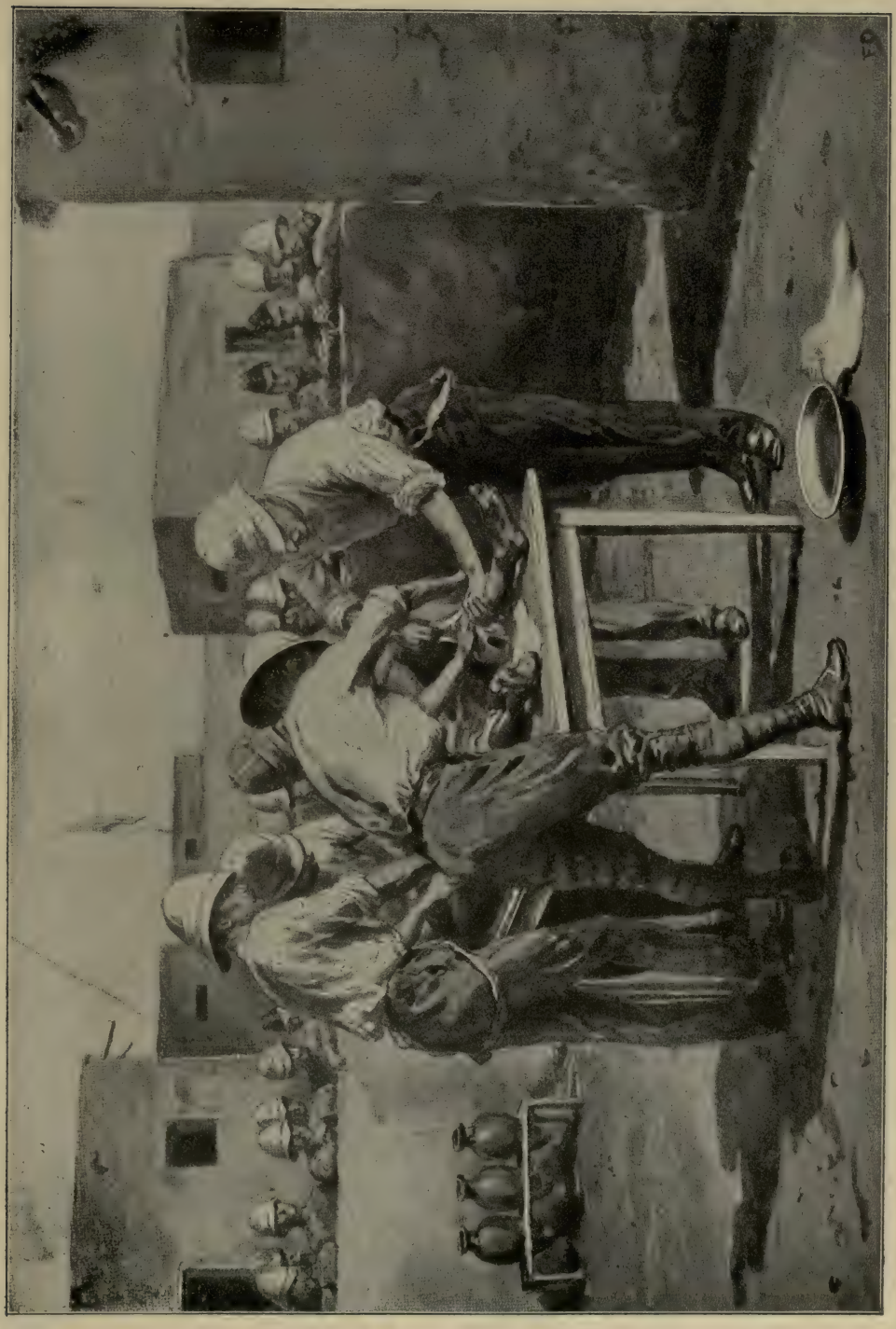
Public health work in Ontario had its beginnings about forty years ago. In its early days the chief function of the health officer was to battle against outbreaks of communicable disease, to clean up unsightly backyards, and to lessen unholy smells. Little by little it was learned that it was of great importance to get at the causes of disease and death, and to endeavor to remove these causes. It was discovered that typhoid fever was



"Its" First Dose of Medicine.

caused entirely by the presence of the body excretions in public and private water supplies, in food whence it was carried by flies, and from contact with active or passive cases of the disease. Having learned this, the way of prevention became clear, and now a case of typhoid fever in a community is a sign of someone's negligence. Malaria, a disease which was common enough in the early days of this country and more particularly in more southerly countries, was found to have been carried by mosquitoes which had their breeding places in the water of low-lying undrained lands. The same is true of yellow fever carried by another form of mosquito. This discovery and the means of the destruction of the mosquito is rapidly making these diseases a thing of the past. Increased knowledge of the causes of diseases like diphtheria, tetanus or lockjaw and of the means of their prevention and cure, have reduced the mortality of these diseases to a very low figure and a steady and vigorous application of the principles of prevention and cure will, I am convinced, rapidly wipe out these diseases entirely. Smallpox, formerly so fatal, is the most readily controlled of all communicable diseases if the public refuse to be stampeded by prejudice and ignorance. Vaccination against smallpox should be carried out in infancy. Every infant should be vaccinated before the age of three months. If this is done we shall hear little of sore arms and if the process is repeated in everyone at the age of seven or eight years, we should soon come to regard a case of smallpox as a rarity. Why is it advisable to vaccinate the child at so tender an age? Because at the age mentioned (three months) the child's nervous system is little developed and it has no terror of having the operation performed, but of greater importance is the fact that the baby is in its mother's arms, and under constant supervision and there is little danger of getting dirt and infection into the little wound, or of having the scab knocked off and the entry of infection invited.

In medical inspection of schools the trio necessary for successful operation are the teacher, the nurse and the doctor. The teacher, for years of the child's life, is more than the child's mother, because the teacher has the child under supervision daily for a longer period than has the child's parents. It is the



An Improvised Operating Room "at the Front."

teacher who has the earliest opportunity to detect signs of illness and of mental and physical defects in the school child. The child is referred to the nurse and by her, if necessary, to the school doctor or to the parents. The nurse follows up all cases and should be not only a school nurse, but a general public health nurse. She should carry on school work merely as one part of her duty. It is economically wasteful to have a school nurse for the school child alone. She should be under control of the local health authorities and in the course of her duties have supervision, not only of the school child, but of the entire family.

So far we spend far too little upon the prevention of disease and what we do spend is often wasted because of faulty methods due to want of knowledge and imperfect organization. In this province medical inspection of schools, whatever little we have of it, is, with a few notable exceptions, under the control of the Boards of Education. It is a public health work and should, like other public health work, be under the control of the health authorities. The City of Toronto, not always the wisest centre in the management of its public affairs, has, however, set an example to the rest of Ontario in discarding the wasteful system of having two sets of nurses, the one for the schools and the other under control of the Department of Health, by placing the entire public health nursing service under the control of the health authorities.

But these salutary means of prevention will as we grow older and wiser be in turn discarded by applying our public health methods at an earlier and more effective period of child life, and it is here that our most valuable, effective and scientific use of the nurse will be inaugurated. We shall begin, not with the child, but with its father and mother. It would be even more effective to begin with its grand-parents, but they shall have possibly in most cases passed beyond our reach, so we shall be forced to begin with the father and mother, chiefly with the mother.

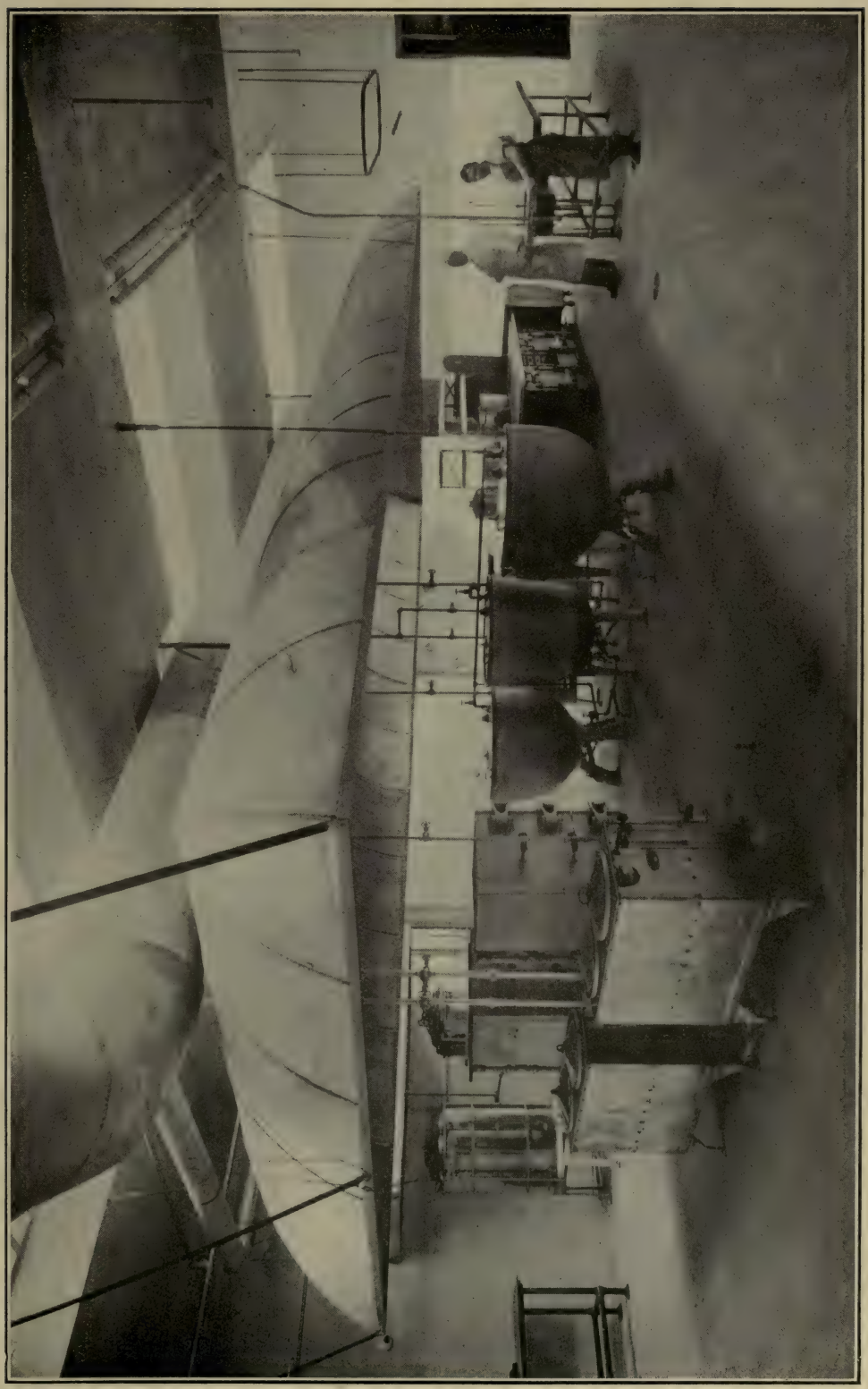
The loss of life among young children, children in the first year of life, and particularly in the early months of life, is appalling. It is bad enough in this country, but it is infinitely



Operating Under Difficulties Aboard Ship.

worse in other places. The lowering of the birth-rate, while not serious enough with us to cause alarm, has long been a source of anxiety in countries like France and is now a matter of serious consideration in Great Britain. Neither of these subjects, relatively of greater importance to a country than any other single factor, cannot be considered as due entirely to either want of education, wealth, prosperity or ignorance. There is no country where the mass of the people are so generally well-educated as Scotland. The Scottish people have the best educational system in the world. There was no place more prosperous during the war than the intellectual City of Edinburgh, where the greatest physicians of the United Kingdom, the great statesmen, church and business men had their origin and education, yet in the period of the war the birth-rate of Edinburgh and of Scotland generally, sank to the lowest in its history and the infant mortality rate rose to a figure unprecedented in modern times. Such is the case in respect to education and prosperity. Turn to the province of Connaught in Ireland during the same period. Here the people are extremely poor; they are mostly illiterate, yet the birth-rate was more than 2½ times that of Scotland and the infant mortality rate about 1/3 that of the sister nation.

You will by this time be enquiring the reason for this great difference. It is summed up in the phrase "The mothers stayed at home and nursed their babies." In Scotland and in England, where conditions in respect to the birth and death rates were much the same, the mothers were at work and the babies suffered in consequence. They were fed by artificial means, upon which no baby has a fair chance. With us until recent years, the mother did not go out to work. This custom is increasing and its continuance and increase are a menace to the future of the nation. No mother can meet the needs of her future child if she works in a factory, and no baby has a chance without the breast-feeding and mothering which none but a mother can give. The modern pleasure-loving customs of our civilization interfere with the mother-care even among the well-to-do and it has become all too common to dispense with breast-feeding of the baby for the convenient expedient of feeding by hand.



An Up-to-date Hospital Kitchen.

Is it possible to mitigate these evils? The example of such countries as Norway, Sweden, Denmark, New Zealand and Australia, as well as the results of public health work in this and other countries, make it certain that these evils may be largely removed. The infant mortality rate of large centres such as Edinburgh, Bradford in England is about 132 per 1000 births. That of Ontario is about ninety-nine. Montreal runs into the 200 class, while New Zealand and Australia are from thirty-five to fifty, and Norway, Sweden and Denmark about sixty.

Let me tell you how success has been reaped in some of these countries. New Zealand is a shining example to the world. It is true the population is a favorable one for such an experiment, being mostly English, Irish and Scotch. The climate is a good one. There is no great poverty and no great riches. Some twenty or thirty years ago, the wife of the Governor of New Zealand, Lady Plunkett, with the advice and assistance of a local physician, a doctor from Edinburgh, conceived the idea of doing something for the babies of New Zealand. She was not socially popular. She did not, much to the disgust of the fashionable circles of the capital, enter into the social life there. As she explained, she had seven children and had no time for social affairs. So she and Dr. Truby King gathered together a few nurses, trained them in maternal and child welfare work, and set out to train the mothers of the country. They began by having these nurses form community health centres where the mothers were induced to come for instruction, where young girls were trained for the duties of motherhood, and where the ills of childhood were detected and means devised for their correction. A small hospital was established where for a week or two a tired mother worn out with the struggle of caring for an ill-fed baby might come to learn how properly to care for her baby. The community was induced to secure a trained nurse to do public health and follow-up work after the nurse instructor had moved on to carry out her work elsewhere. The work at first was, and largely at present is, chiefly managed by voluntary aid. It has grown tremendously and its results are seen in the lowest infant mortality rate in the world, and in the sturdy



A Hospital Landscape—Pavilions Connected by Closed Corridors.

fighters furnished by that young Dominion to the aid of the mother-country in the Great War.

The Board of Health is just entering upon work of the same character and in a somewhat similar manner in Ontario. At the session of the Legislature just closed the Board has induced the Government to provide the sum of $40,000 for the purpose of beginning the organization of a Maternal and Child Welfare Division.

It is proposed to organize the work somewhat after the following plan: Well-trained nurses to the number of eight or ten, will be secured, paid good salaries, and given a course of two or three months in the type of work they are to do along the lines of the course pursued in New Zealand. These nurses will be called *District Nurses.* Each district nurse will establish herself in a small town or village. She will have a motor car by means of which she will be enabled to get about the adjoining country and encourage the mothers to come to her meetings. The assistance of influential men and women will be secured and a *Community Health Centre* established. The health centre will be encouraged to secure a public health nurse for themselves to carry on intensive public health and baby welfare work along the lines pursued by the district nurse. Every community has men and women willing and anxious to do work of this kind.

It is proposed to employ a well-trained dietitian in the Board of Health, who will be able to furnish instruction in suitable dietary for children. Letters of instruction will be sent to mothers and prospective mothers detailing information in the care of both mothers and their babies. In short, it is hoped to make the Board of Health a centre of information to which any mother or prospective mother may appeal. If the local health centre is unable at first to raise sufficient funds to employ a nurse, we hope to be in a position to afford some financial assistance.

Each district nurse will be supplied with a small and inexpensive exhibit which will illustrate the proper dress, diet, and generally the means whereby a baby may be properly cared for. The lives of many mothers and of many babies would be



LISTOWEL MEMORIAL HOSPITAL.

This Hospital was opened on February 27th, 1920. The building was generously donated by Mr. Wellington Hay, M.P.P., and by the deep interest shown by several public-spirited citizens, the building has been renovated into a fairly modern, attractive, and well furnished hospital capable of accommodating from twelve to fifteen patients, and erected as a memorial to those who paid the supreme sacrifice in the late war.



HALDIMAND WAR MEMORIAL HOSPITAL, DUNNVILLE, ONT.

This Hospital was opened February 3rd, 1920. The building was donated by Mr. F. R. Lalor, and the operating room outfit by Mr. J. E. Burns. Many of the wards have been endowed by various persons and organizations. The hospital will accommodate about twelve patients, and will serve the needs of the community for some time to come.

spared if the mothers were properly supervised before confinement. The statistics of the last two years of the Burnside Hospital in Toronto illustrates this.

RECORD OF OBSTETRIC CASES, BURNSIDE LYING-IN HOSPITAL, TORONTO

For the Last Two Years.

	Semi-private cases.	Public Ward non-supervised cases.	Public Ward cases supervised by clinic.
Number of cases..	1,198	505	461
Deaths of the mother	10 (0.8%)	18 (3.5%)	2 (0.4%)
Still-births	45 (4%)	40 (7.9%)	6 (1.3%)
Eclampsia (Convulsions)	20 (1.6%)	16 (3%)	2 (0.4%)

Patients are required to come to the clinic every two weeks. Regularity counts! The physician-in-charge says: "The most important factor in this work is the Public Health Nurse."

In addition a strong motor-truck will be purchased and mounted with a travelling Baby Welfare Clinic, having a trained nurse and children's specialist. This will be called our *Child Welfare Special.* By means of this equipment we intend to carry on baby clinics throughout the country villages and towns, thus bringing the advantages of the city directly to the country. It is not our intention to treat cases. We do not propose to interfere with, but rather to assist the doctor. The clinic is designed to point out to the mother existing defects in the growth or development of her baby, so that she may be encouraged to secure proper medical care for her child. This clinic will supplement the work of the district nurse, and if the entire plan is as successful as we are encouraged to believe it will be, it is hoped that its success will encourage the public and their representatives in the Legislature to afford the Board of Health adequate funds to carry this work throughout the length and breadth of Ontario.

The Board has been much encouraged by the interest which has been aroused with respect to public health during the last ten years. In 1910, the appropriations for public health in Ontario were about $50,000. For this year those appropria-

tions are $531,000, a sum which is much greater than that supplied for public health work in all the other provinces and of the Dominion of Canada put together.

The value of Maternal and Child Welfare work to a country may be summed up in the words of the eminent and world-renowned progenitor of the modern nurse, whose centenary has just been celebrated, Florence Nightingale, who said: "If the babies of England are kept well and clean for the first two years they would be the greatest asset of England.

The value of work of this kind has become so appreciated in England that at the beginning of this year there were 1,718 Maternal and Baby Welfare Clinics established in that country, of which 331 are conducted by county councils, 679 by voluntary societies and 708 by the health authorities.

To the young women who have received their diplomas from this hospital to-night, I should like to offer my congratulations upon the completion of their long and arduous course of study, and to offer them a very few words of advice. In the pursuit of your chosen profession you will gain in many cases the innermost circle of family life. You will have the nursing of sick people, who, because of pain and suffering, are troublesome to manage. This work will be difficult and tiresome. In country districts, particularly, and in most of homes, the convenient facilities of a hospital will not be at hand. You will, on the one hand, find it necessary to be loyal to the physician in charge, and to conciliate the too frequent complainings of anxious relatives of the sick patient. You will need to have wisdom, the capacity to see and hear of things which must not be repeated. You will require to be possessed of tact, endurance and patience. In the performance of your duties in which there can be, if success shall follow, no slackening of effort, you must be careful of your own health, the loss of which would be fatal to success. Be reconciled to all this, however, in view of the fact that many before you have successfully trodden the thorny path I have pointed out. I have had a somewhat extended experience of nurses and invariably they have fulfilled all that has been required of them. Their record with the army has been one of which Canadian nursing schools may well be proud. Every

soldier who has been unfortunate enough to enter hospital has nothing but praise for their fortitude, endurance, patience and devotion to duty. They have been angels to the wounded and sick men. Under the most dangerous and difficult conditions on all fronts of the war, nothing but the greatest praise can be given to the 3,000 Canadian girls who volunteered for service.

My best wishes and sincerest hopes for your future success and happiness are given you. Earnestly set your face to the daily duty and you shall not fail.

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Keep on Smiling

A VERY popular organization of modern times is the K. O. S. which was started in Great Britain in recent years. The letters stand for "Keep on Smiling," and the society is now said to include 8,000,000 registered members. It is safe to say that most of these members are smokers. On the principle that prevention is better than cure, an excellent prescription for men who are beginning to feel blue is to smoke a pipe of good tobacco and keep on smiling.

The Auto Strop in the Operating Room

How often has it occurred where, through undue hurry on the part of the House Surgeon who is getting an appendectomy case ready for the operating table, the abdomen has been shaved with the old fashioned razor and the skin "nicked," resulting in a good deal of irritation from the iodine, something which could have been avoided had a safety razor been used? There can be no doubt that such a "safety" as the Auto Strop should be part of the armamentarium of every operating room and hospital ward. It is always aseptic, can be handled by any probationer nurse and avoids lots of trouble.

Explain the Way as Well as the Wherefore

No doubt many of our failures are due to our neglect to impress the patient with the importance of the matter, or to explain clearly enough the method of procedure. For instance, when we order the patient to take vaginal douches if we do not at the same time order a proper syringe and explain its use the chances are that the result will be failure to get any good effect—if not indeed to excite disgust for the whole matter. A vaginal



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douche may be a great comfort to the patient as well as a valuable curative measure—as it may also be a dismal failure or worse. When we say order a *proper* syringe we mean of course the Marvel for there is no other syringe nearly so well adapted to this purpose. The Societe d'Hygiene de France in 1902, awarded it the Gold Medal as the best syringe to cleanse the vagina. Owing to the peculiar construction, it dilates and flushes the vaginal passage with a volume of whirling fluid which smooths out the folds and permits the injection to act on the entire surface.

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A HOSPITAL must of necessity be clean. Every wall and floor should be finished in such a way that they can be hosed off as frequently as necessary. This means that the finish on such walls and floors must be waterproof. One of the many preparations that has been tried out and found successful in every respect is Sanitone, a durable oil paint with a soft pleasing finish. It leaves the surface to which it is applied waterproof and a hospital ward where it has been used is most attractive and bright to both patient and visitor. Sanitone is made by the Canada Paint Co., Limited, Montreal.

Canadian Manager Appointed

MR. HOBART P. DOWLING has been appointed manager of the Canadian Branch for The Abbott Laboratories, with headquarters at 57 Colborne Street, Toronto. Mr. Dowling has surrounded himself with an excellent sales staff, who are calling upon physicians, and stocking the druggists for prescription purposes. Mr. Dowling reports a very cordial reception on the part of the Canadian medical profession for the Abbott pharmaceuticals. Calcidin for coughs and colds, and Chlorazene, the great Dakin antiseptic, are seasonable and going particularly well at this time, also Benzyl Benzoate, for whooping cough.

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Neolin Soles for Nurses

Hospital superintendents know how very often their nurses suffer from broken arches, as a result of being so much on their feet. It is therefore quite essential that employees in an institution be given the opportunity of wearing footwear that is comfortable and gives the necessary support to the arch. Something that should not overlooked in this connection is the material known as Neolin and which has met with the support of so many institutions. It is one of the longest wearing sole materials made. It gives genuine foot comfort, bending easily, and cushions the foot against the shock of walking. Neolin soles are damp proof and noiseless. These are a few of the reasons why they should be adopted in hospitals and institutions generally.

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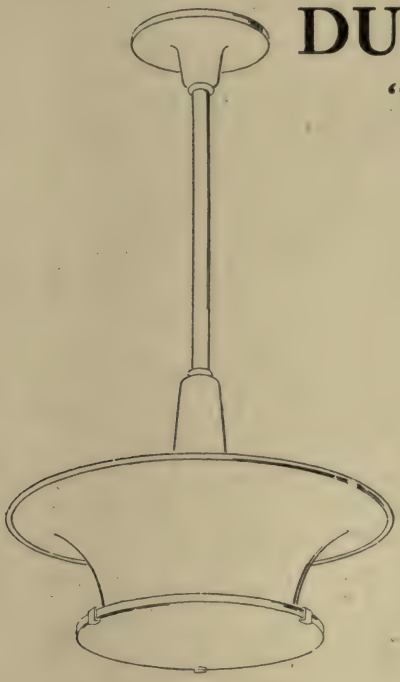
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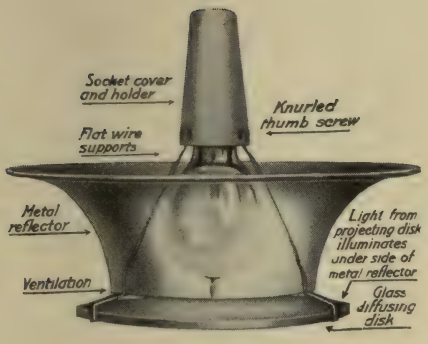
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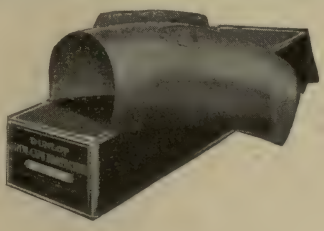
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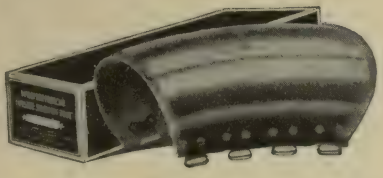
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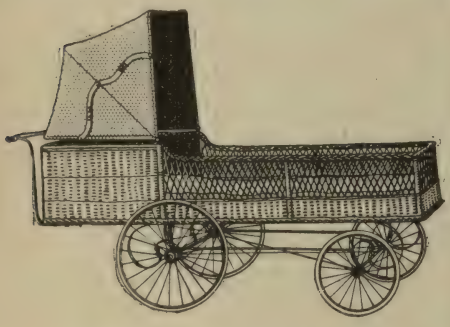
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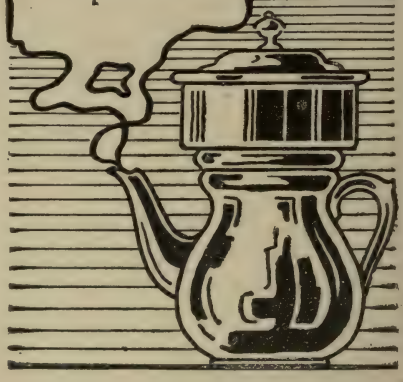
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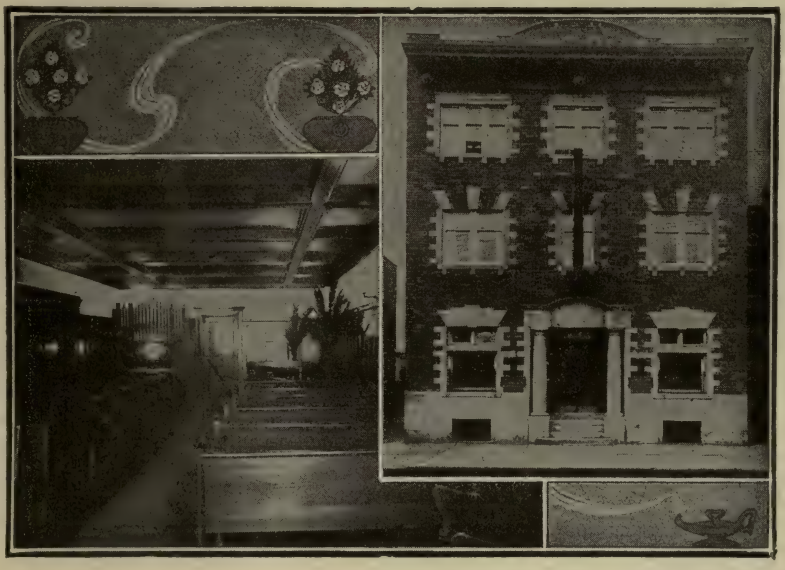
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THE HOSPITAL WORLD

Vol. XVIII Toronto, November, 1920 No. 5

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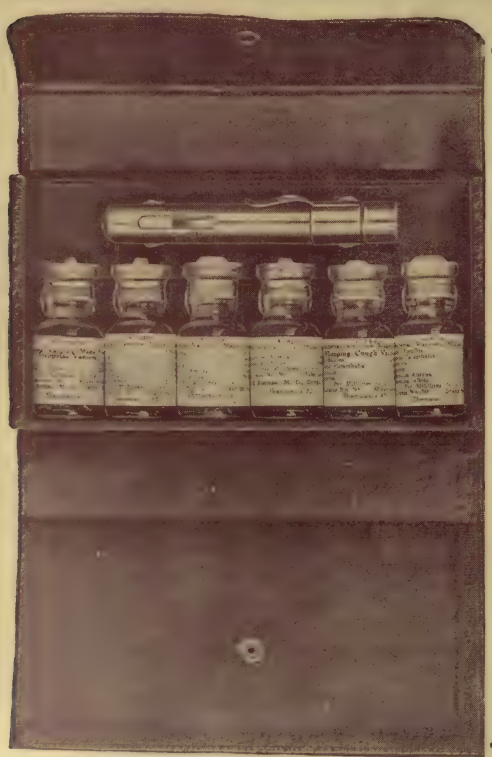
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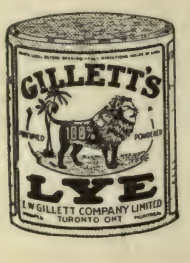
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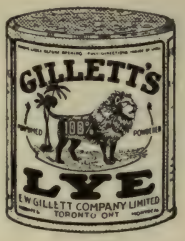


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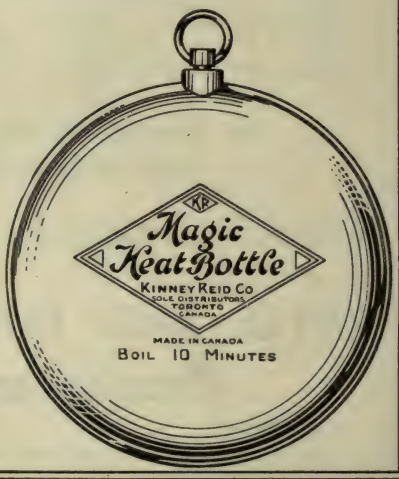
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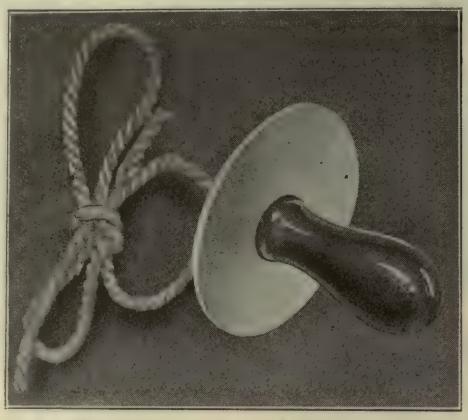
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Suspend equal amounts of Cellucotton and absorbent cotton over a bowl of water, immerse about ¼ inch of the end of each in the liquid. At the end of 15 minutes you will find the fluid drawn to the very top of Cellucotton and not more than an inch and a half up the cotton. We will be glad to send a sample of Cellucotton for this test.

Cellucotton is more economical than cotton for many kinds of hospital work. Send for our prices.

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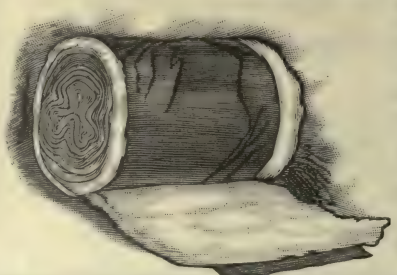
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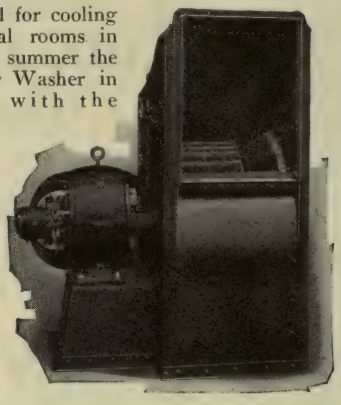
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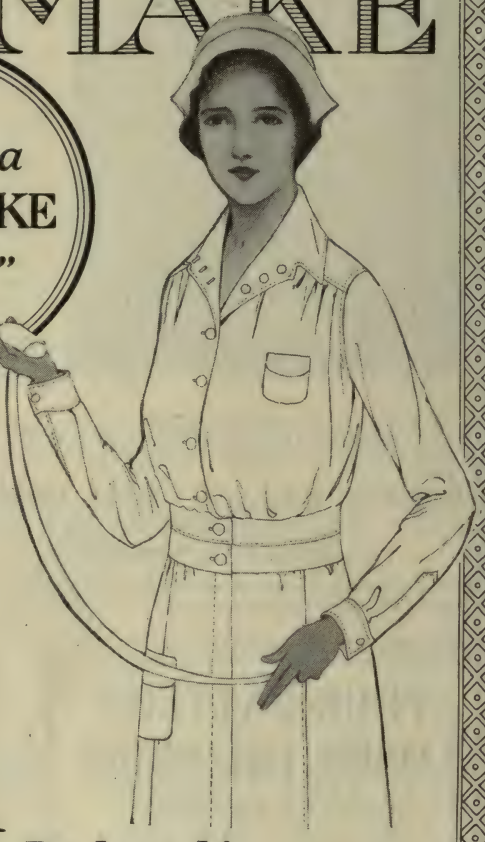


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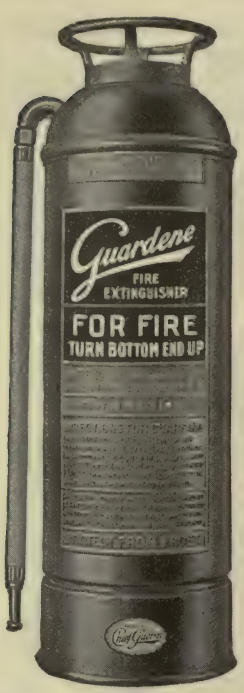
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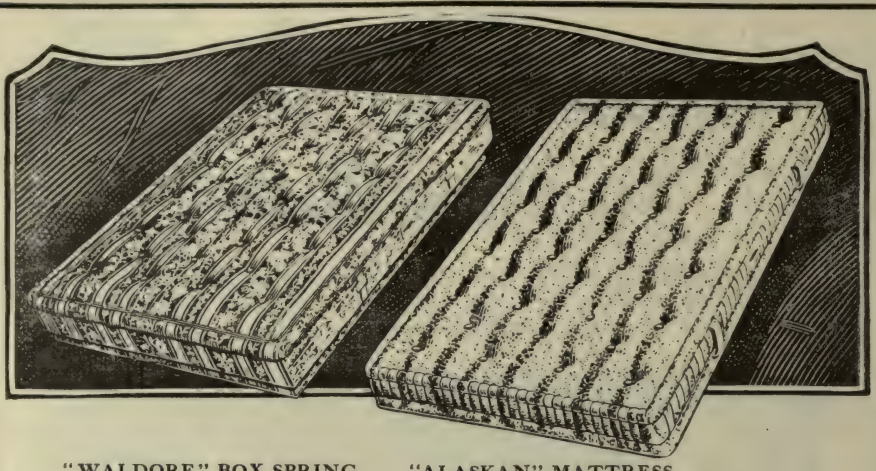
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WHEN a man starts a day with a grouch, people are apt to say : "Oh, he got up out of the wrong side of bed." Probably his bed is more to blame than he is.

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Built for Sleep by the makers of these fine Simmons Beds. Sweet and clean through and through.

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ETHER "pronarcosi" ¼, ½, 1, 5, 10-lb. tins.

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will be found to be a most effective preparation for the cleansing of Abscess Cavities, in Eczema, Hemorrhoids, Coryza, etc. In indolent ulcers it should be used, at first, full strength, afterwards diluted, as granulation tissue appears. To be used under the direction of Physician, Surgeon or Dentist.

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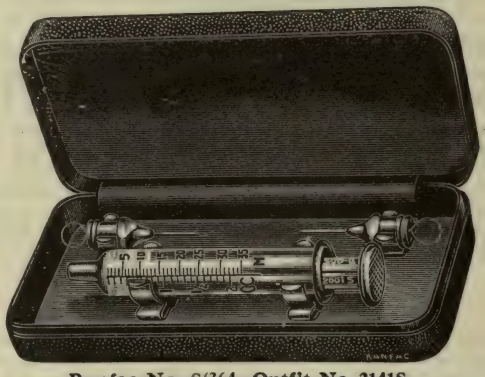
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All-Glass Syringes

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Two Women Suffocated in Fire at Private Maternity Hospital

WIRING WAS PRIMITIVE

Proprietor of Hospital Says He Was Never Instructed To Install Fire Escapes

Ottawa, May 13.—(By Canadian Press.)—It has been decided to conduct a searching investigation into the fire which occurred early this morning at the private maternity hospital of Dr. F. C. Hagar, in which two patients lost their lives. The deputy fire marshal of Ontario, Mr. George F. Lewis, of Toronto, is in Ottawa.

Two Lives That Might Have Been Saved

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Fire Alarm System

THERE is nothing more tragic than a Hospital fire. Yet in these days of supposed enlightenment, accurate statistics tell us that in Canada and the United States, a hospital burns every day.

Largely because of ignorance and carelessness and a criminal disregard of the fundamentals of fire prevention and fire protection, the lives of new-born babies, their mothers, of orphans, of the crippled and the blind are snuffed out singly, in small groups and occasionally by the score.

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There is a Northern Electric System to meet the requirements of every institution in this country be it large or small.

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Absolutely Aseptic

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City Hospital	Saskatoon, Sask.
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Western Hospital	Toronto, Ont.
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Quotations on request

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Physicians should remember that
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(re-opened recently) will be glad to entertain as guests their out-of-town patients.

This structure has been completely renovated and newly furnished, and will have every modern improvement. Rates strictly in accordance with the most up-to-date service.

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"The most grateful application that can be made to a patient suffering with pneumonia is a warm

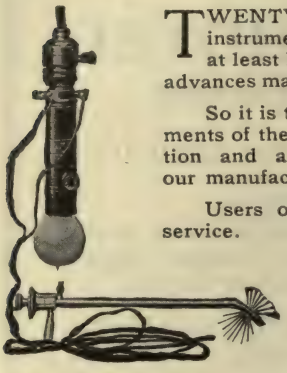
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poultice under a moderately firm binder or jacket. Its action is, first through the superficial vessels, and then more slowly but just as efficiently on the deeper congested parts."

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It will keep your mouth, teeth, gums and breath as pure and healthy as science can make them.

Minty's Tooth Paste

seems to give to your whole being a new sensation of wholesomeness because of its wonderfully delightful after-effect and proven efficiency.

It's Necessary to Good Teeth

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resort must be had to so-called artificial feeding, for which cow's milk is universally employed. The greatest and most important factor in the digestion of cow's milk is the size and consistency of the curd formed in the stomach.

Experiment 62 — Condensed Milk. Four ounces of Eagle Brand Condensed Milk were added to 15 ounces of water. The mixture was taken rapidly and returned in one hour. About 2 to 3 ounces of curd were returned and gradually sank to the bottom. The curds were soft and flocculent, slightly larger and more distinct than in the previous experiments with condensed milk (Experiments 56 and 57) in which the dilution was greater. They were characteristically uniform in size and like a moderately coarse sand, but not a single curd was larger than a large grain of sand.

(The Coagulation of Cow's Milk in the Human Stomach, Joseph Brennerman, M.D., Archiv. of Ped., Feb. 1917.)

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Its digestibility as shown by the above experiment is assured.

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The Sanitary Varnish

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MECHANICAL REFRIGERATION

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And we wish men to know that whether they personally care about chocolates or not, there is nothing they can take to a maiden that will so gratify her taste for really fine confectionery as will a box of Neilson's Chocolates.



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We carry a full stock of these fixtures and are in a position to submit prices on request.

Our goods are the finest that are obtainable, and have been installed in some of the most modern Hospital Buildings throughout the Dominion.

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¶ FECTO is the ideal Germicide and Disinfectant for general use, particularly in Homes and Hospitals.

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The Hospital World

TORONTO, CANADA

A Journal published in the interests of Hospitals, Sanatoria, Asylums and Public Charitable Institutions throughout the British Empire

Vol. XVIII. TORONTO, NOVEMBER, 1920 No. 5

Editorials

THE AMERICAN HOSPITAL ASSOCIATION MEETING

THE Montreal meeting was a pronounced success. Owing to our early going to press we are not able to give a report of the proceedings, but hope to in our next issue.

One excellent feature of the Association was the Round Table Conference. Much interest was exhibited.

THE HOSPITAL WORLD attempts to discuss some of the problems propounded: To the question, should a hospital be managed so as to avoid a deficit, we should reply, yes. In personal affairs and in business circles generally, the individual, the stockholders, the executives, all feel better when the balance at the end of the year is on the right side, so, we believe, do hospital executives, trustees and subscribers. The staple argument of those who advocate a deficit is that such a state of affairs consti-

tutes a good reason for appealing to the public for assistance.

How much free work should a hospital do? In the Old Land, in the Voluntary Hospitals, as a rule, no charge is made. We have always opposed this plan. Many able to pay are made the subjects of charity. In Canada and the United States hospitals accept all sick people whom they are prepared for, and endeavor, or should endeavor, to obtain as much remuneration as the patients are able to pay for the accommodation given. Failing to secure pay from the patients by reason of inability to pay, appeal is made to the municipality or state in which they reside to secure a portion, at least, of what is due. In case the municipalities do not help, the social service department of a hospital can assist the collection department a great deal by keeping the latter informed of the financial status of the patient and his friends for two or three years after the debt is incurred, and collection of a portion of what is owing the hospital may often be made.

The pros and cons of a cafeteria? Pros: Saves labor, saves room, saves food, and accounting of food supplies is more easily accomplished. The employees have a choice of dishes and consequently have less ground for kicking than by the old method. Moreover, the food can be more easily served hot. For officers and doctors, the old method may be more satisfactory than sending them to a common cafeteria—mainly for disciplinary and esthetic reasons.

The attitude of the hospital to the press. By all means friendly. No element in the community can help or hinder the work of hospitals more than the newspapers. They are able to give much valuable publicity to the work of the institution. Periodic invitations should be given to the press representatives to visit every part of the place at a suitable time. Information as to needs, contemplated changes in construction, inauguration of new departments or features, financial status, changes in staff of doctors, nurses, or other superior officers should be regularly given by the superintendent or his accredited representative. Regarding the unfortunate incidents or accidents which occur in every hospital, a frank statement of the salient features should be given personally by the superintendent to the press. If his relations with the newspapers have been cordial, upon request, as a rule, the reporters will omit such features as would hurt the reputation of the hospital.

To create good impressions in the mind of the patient upon his entrance to the hospital, prompt and kindly treatment is the keynote. The reception room should be quiet and pleasant—no sights and sounds to jar on the nerves of the hypersensitive guest.

The nursing force should create a sense of guestship in the minds of their patient by manifesting a spirit of kindly welcome, by anticipating needs and by, as far as possible, treating the patient as they would like to be treated were they in the patient's predicament.

The advantage of a system of bookkeeping which will show the expense and income of every department in the hospital is almost too obvious to comment upon. Further, a statement showing the per capita per diem cost of all the principal items used, presented weekly or monthly, will be of the greatest comfort to the chief executive officer, enabling him to see just where extravagance or penuriousness may be creeping in. Every hospital should have an up-to-date accounting system.

Should a hospital make a charge for laboratory service? We would say, yes. Such charges will go a good way to maintain the laboratory and pay the workers in it. Every individual item need not be put on the patient's bill, but a record is kept of them in case the patient asks for an itemized account. The presentation of too many items in an account may tend to irritate some patients. The patient, well treated and who goes out better, will not parley over "laboratory charges," nor will the friends if they realize that everything that could be done has been done for the patient, even though unfortunately he may not be able to leave the hospital alive.

As to the supervision of special articles of diet, all reasonable orders of the doctor should be filled; but all requisitions for unusual, rare or costly delicacies should be referred to the superintendent.

Should a patient be sued for non-payment of a hospital account? We seldom hear of this being done. All means short of this may be tried in a

firm but kindly way, that is where the patient is found to be financially able to pay.

How communicate terms to private patients? If the patient is quite well enough to discuss the matter, as many of them are, they may be informed upon admission at the office or in the reception room by a tactful officer, after choice of accommodation has been made. In emergent cases this matter must be left in abeyance until the friends are seen or, in their absence, until the patient is able to attend to the matter.

Rules regarding visitors are usually printed on a card and may be presented to the immediate relatives or friends as soon as possible, who will be in a position to pass on the information to the more distant friends.

How many women superintendents are present at the business and executives of their boards? All, we should hope.

How far should the average hospital attempt research work? Sufficient to throw all the light possible on the diagnosis of the diseases from which the patients are suffering. If attached to the average hospital there is a doctor or laboratory man particularly desirous and capable of doing research work beyond this amount, we should say he should be encouraged in every possible way by providing him room, equipment and assistance.

Should a hospital encourage autopsy work? Undoubtedly. Written permits should be obtained from the responsible relatives. This requires to be

done by the kindest and most tactful officer—pathologist, superintendent or interne.

Should hospitals operating at a considerable loss buy staple articles—sugar, flour, canned goods, gauze, and linen, for future delivery, or say, a year's supply in advance; or live a sort of hand-to-mouth existence for the next year? The purchasing agent requires to exercise much judgment in such a case. We would advise against the hand-to-mouth existence; but would not give orders too far in advance in a market which may probably fall. Something depends on the time of year, the opportunities for purchase, and the plentifulness of the supplies. In cases of doubt a middle course should be adopted.

How can a small hospital develop a health centre? We should say by showing the need for the same. Interest the doctors, nurses, ministers, teachers, progressive citizens and the press in the project. Secure the services of a health expert and organize for its establishment.

The above questions are only a fraction of those discussed at the Convention. We hope to obtain a report of the Convention's discussion of them for a future issue.

THE OPEN HOSPITAL

THERE are many arguments for and some against the open hospital. Most of the hospitals in the smaller cities and towns are open to all the practitioners of the burg. But in the large cities, as a rule, hospitals are more or less closed. In a few

places they are strictly closed. In the mixed hospital ward patients are closed to physicians not on the staff, but reputable physicians and surgeons have access to the private and semi-private wards in which to treat their patients. In the Vancouver General Hospital, we understand, the policy of opening all parts of the hospital for the admission of patients of any practitioner has been adopted. The working out of this policy will be watched with great interest. In some of the open hospitals in the near past very bad surgical work was done, which brought much discredit on the hospitals concerned, and ill-repute to the would-be surgeons. In times past nurses found a good deal of hardship in waiting upon so many attending doctors and in carrying out their diverse orders. In some institutions this hardship is mitigated by the adoption of a uniform technique by the surgeons and a conformity in the methods of work. In the open hospital there is more difficulty in securing records of work done than in the closed hospital. In the past, no doubt, work of a higher grade of excellence has been done in the closed hospital than has been done in the open hospitals.

The staffs of closed hospitals usually give more time to their patients than the attendants of open hospitals.

Much improvement can be made in open hospitals if the members of the staff properly organize. They should have regular stated meetings and have a small medical executive to meet often with the

superintendent. One member of the staff might attend trustee board meetings (if the superintendent be not an M.D.). They should co-operate and assist one another; coach junior members until they can perform efficiently any procedure or operation which may fall to their lot. They should insist on regularity of visits to patients, punctuality, and should remain long enough to make a thorough study of their patients' symptoms, administer the right treatment and see that orders are properly carried out and their patients discharged as soon as they are well enough to leave the hospital. They should insist on complete record-taking and efficient filing; and reports of interesting and unusual cases should be made to the medical press. Members of the medical board should take an interest in the appointment of internes—in fact, should recommend the graduates who are worthy of such appointments; and, further, should give these young tyros every help possible. Laboratory and X-ray work should also be encouraged. The apparatus should be kept complete, properly cared for and careful records kept of all findings—always to be easily accessible.

Certain members of the staff should be detailed to assist specially in lecturing, teaching and demonstrating in the training school of nurses. All practitioners can give many useful pointers to nurses at the bedside. Such instruction is much valued by the eager young women during their arduous course.

These suggestions as to internes and nurses apply equally, of course, to either sort of hospital.

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Original Contribution

THE FUTURE HOSPITAL FIELD

A. Fisher, M.D.
Superintendent of the Calgary General Hospital.

The Future Hospital as a Health Centre.

The great war has surely brought home to us the realization that public interest must be placed before private privilege in all departments of human endeavor. We all owe a definite responsibility to the community in which we reside. In keeping pace with the social movement which is bringing all parts of society into more highly organized relations, the hospital of the future will be more and more a community health centre. It is the logical focus of scientific information regarding all matters pertaining to the physical well-being of the community. About it all the important health activities of the community should revolve. The future hospital field will provide not only for the training and teaching of nurses and physicians, but will be an educational centre for all the people on all health questions. It will provide a centre to which future mothers will come to learn what modern science can teach in producing better babies through intelligent pre-natal care, to which mothers will come to be taught how to properly feed and clothe their babies and to wisely nurture their mental development—a consummation devoutly to be desired—to learn to care for the health of their families. It will be a centre to which children may come to learn the first lessons in the proper care of their bodies, and where young men and women may come to learn how to become healthier and stronger citizens.

As the great value of diet therapy is becoming better realized food clinics will be established where people may be taught both the economic and the energy value of the different foodstuffs and thus place them in a position to procure and properly cook

simple nutritious food at a moderate cost. Patients will be taught, while in the hospital, how to feed themselves and how to care for their health after returning home, this work, of course, being followed up through the services of the social nurse. They will have pointed out to them that simplicity in a hospital diet is essential, and false ideas as to the character of the food required for health will be discouraged. Patients suffering from such maladies as diabetes and kidney disorders will be given careful personal supervision in their homes and clinics by the dietitian and the social nurses as to what they must eat to keep well. More specific functions which the hospital will render to the community may be considered under the following headings:

1. More adequate scientific facilities for preventing the spread of infectious diseases.

2. Provision of facilities for co-operating with the public school for the diagnosis and treatment of disease in children. All clinics for healthy babies and for babies out of health will be conducted at the hospital or under the supervision of the hospital, if we are to put at the disposal of these clinics scientific facilities for investigation. No doubt as the municipal hospitals become established they will become centres from which the public health and T. B. nurses will work.

3. Establishment of evening clinics to suit the case of the working man. In our province we look forward to the establishment of special clinics, both in large cities and in the isolated communities, for tuberculous patients, for venereal diseases, and in the larger centres psychiatric clinics will be established for the study and treatment of people threatened with a nervous or a mental breakdown.

4. Co-operation with the medical profession of the community in providing laboratory facilities, etc. In this province the physicians of the community are more closely associated with our open door hospitals than are the general practitioners in the older parts of Canada or in Britain. But in these latter countries this barrier is being broken down. We should endeavor to reap the greatest advantage of the open door hospital by closer co-operation on the part of our medical staffs. Clinical

problems are so varied and not infrequently so involved that their full educational values are most likely to be obtained by a combination of practitioners each of whom is willing to throw his individual experience and judgment into the common stock.

Art is long, and especially long is the Art of Clinical Medicine, and it is because of this that judgment is difficult. Clinical study should be organized; medical men must unite their experience if within the brief compass of an individual life we are to obtain anything like an adequate survey of the wide field within which lie our duties and responsibilities. The scientific laboratory, the medical societies and the circulating library all should be centred at the hospital. Diagnostic clinics might and should be established at the hospitals in our larger centres. To such a clinic the practitioner may bring his patient for investigation by a group of men giving special study to the different departments of medicine, who will endeavor to ascertain the cause of ill health and return the patient to the physician with suggestions as to treatment, or, if necessary, the patient may be passed over to a special department of the hospital for further observation and treatment, such as the tuberculosis department, the psychiatric clinic, the heart department, etc.

Such a diagnostic clinic should, of course, be equipped with the most modern facilities and scientific apparatus for the investigation of disease, the services of which should be free, if possible. The time has gone past when a doctor can investigate obscure disease in a room in his house or in the home of the patient. The cost of modern scientific apparatus has become too great to be borne by the average physician, and the assessment of the significance of the X-Ray and laboratory findings has become a complex problem. Some of our large teaching hospitals provided with elaborate, well-trained special departments still lack a central investigation clinic where the sick man can be studied by a group before being assigned to his proper department. We must remember that the patient does not present himself at a dispensary with a label on him stating to what department he belongs. One of the earliest evidences of heart failure is the appearance of mental symptoms or of

digestive disturbances, and palpitation of the heart is often due to stomach disease. The inter-relation of the organs of the body is so close that we cannot easily divide it up for medical treatment. The man first must be studied as a whole in a most thorough manner before he should be assigned to any special department. "It takes seventeen specialists to make one doctor."

In England the monumental blunder was made of ignoring the institution for the care of the sick, the work being done instead in the office of the panel physician, whose work was regarded as complete in itself, like that of the cobbler.

Another great change in the hospital relation to the community will be brought about when health insurance legislation is more widely introduced in this country. In every important country of Europe health insurance laws are in effect. I believe that in this country we will soon have health insurance legislation. This will mean additional work for physicians and hospitals, because a premium will be placed upon securing immediate intelligent treatment in order to reduce insurance charges, rather than putting off seeing the doctor as long as possible.

The development of the community relationship of the hospital is essential in the post war financing of our institutions. As hospital financing depends in the long run upon the public comprehension of what a hospital stands for, if a hospital understood how to express itself before a community it would secure support.

Society Proceedings

THE BRITISH COLUMBIA HOSPITAL ASSOCIATION

By M. T. MacEachern, M.D., C.M., President.

General Outline.

The third annual convention of The British Columbia Hospital Association, was held in the King Edward High School, Vancouver, on Wednesday, Thursday, Friday and Saturday, June 23rd, 24th, 25th, 26th, at the same time and place as several very important national conventions. The meetings were largely attended by representatives including hospital superintendents, members of boards of trustees, doctors, nurses and others interested in hospitals.

The work of the convention this year was divided into Nursing, Medical and Business or Financing, and one day was devoted to each of these. Two joint sessions were held, the first with the Canadian Public Health Association on Wednesday morning, and the other with the National Mental Hygiene Committee on Thursday night. Dr. M. T. MacEachern, President of the Association, presided at a large number of the sessions, and was assisted by others—Miss J. M. MacKenzie, R.N., Superintendent of Nurses, Provincial Royal Jubilee Hospital, Victoria; Miss E. I. Johns, R.N., Director of Nursing, Vancouver General Hospital and University of British Columbia, Vancouver; Mr. R. S. Day, President Board of Directors, Provincial Royal Jubilee Hospital, Victoria; Dr. H. C. Wrinch, Superintendent, Hazelton Hospital, Hazelton, and Mr. Charles Graham, President Board of Directors, Cumberland General Hospital, Cumberland, B.C. Drs. H. E. Young and M. T. MacEachern, Presidents of the two Associations, presided at the joint session on Wednesday morning. Mrs. M. E. Johnson, R.N.,

Superintendent Bute Street Hospital, Vancouver, acted as secretary and was assisted by Miss Frances Henry, Vancouver.

Generally speaking, throughout the meeting the greater portion of the time was given to round table conferences and discussion. All who attended left the meeting feeling they had received much benefit from all the deliberations.

One of the most pleasant and profitable evenings spent was the "get-together" round table conference-question drawer and informal reception given by the Vancouver members on Wednesday evening in the banquet-hall. The closing event of the convention was a luncheon given by the Vancouver General Hospital on Saturday, June 26th, at which a short round table conference was held and the new President, Dr. H. C. Wrinch, was inaugurated.

Nursing Session.

During the nursing session many problems of interest were discussed. Special consideration was given to nursing standards, nursing education and nursing service in hospitals of twenty-five beds and under. All speakers referred at length to the shortage of nurses, and the following were some of the main reasons advanced:—

Firstly.—The scope of work for the graduate nurse has recently rapidly enlarged in many directions, but particularly in public health fields and in our health institutions, work formerly not done or carried on by others is now delegated to the graduate nurse. No provision has been made to meet this increased demand.

Secondly.—Our hospitals are rapidly extending their service without due provision for the increasing of the nursing force accordingly to take care of this increase.

Thirdly.—The nurse-in-training has been more or less exploited by our hospitals for the menial work of the wards which could be done by others. Owing to the financial difficulties of hospitals the nurse-in-training has been found "cheap labor" and a means of economy.

Fourthly.—There is a general lack of good living and working conditions. Better nurses' accommodation and shorter hours—the eight-hour system.

Fifthly.—Many training schools, particularly on account of finances, are not giving the training to their nurses that they are entitled to, being lacking in teaching facilities and efficient teaching personnel.

These many problems introduced found solution, wholly or in part, in the papers and discussions which followed.

The establishment of a proper standard for our training schools was discussed, and might be summarized as follows:—

Firstly.—That all young women taking up nursing should have at least partial or complete high school education.

Secondly.—That all hospitals conducting a training school should have the necessary equipment and teaching personnel in order to give these young women a proper training.

Thirdly.—That the necessary provision be made which would insure the teaching of ethics and instilling into the minds of these young women the spirit of service.

Fourthly.—That a standard physical requirement should be demanded.

The Province of British Columbia has decided on a standard and this has been published and distributed, but a survey of the training schools during the past year revealed the following needs:—

Firstly.—More propaganda amongst Boards of Trustees, doctors, nurses and others to stimulate them to more interest and a keener sense of responsibility in relation to training schools connected with our hospitals.

Secondly.—Better teaching facilities and teaching personnel for our training schools.

Thirdly.—More financial assistance for training schools. It was indicated that efforts would be made to induce the Government, if possible, to make special grants to training schools, similarly as they were doing for all other teaching or educational services rendered in this province.

Nursing education engaged the attention of the convention for some time. There is a distinct need for connecting up the training school with the higher educational institutions to-day, and this has been done in British Columbia, the only place in Canada. To-day the combined course, extending over five years and leading to the degree in nursing is in operation. This course consists of two years academic or preparatory, two years in an accredited hospital, and the final year given to specialization—training school administration, pedagogy or public health. The inauguration of this course was to meet the great demand in Western Canada for people to fill responsible positions in our many institutions and public health fields. Simultaneously and harmoniously the Vancouver Hospital in co-operation with the University of British Columbia is meeting the diversified needs of our province. The Director of Nursing of the Vancouver General Hospital is also Director of the Department of Nursing in the University of British Columbia.

How the small hospital can carry on a training school is to-day a live issue, and it was generally conceded:—

Firstly.—That training schools should not be conducted where there was less than a daily average of twenty-five patients.

Secondly.—That where there was less than a daily average of twenty-five patients graduates and ward assistants could give the best and most economic nursing service.

Thirdly.—That any hospital of a daily average of less than twenty-five beds endeavoring to conduct a training school must make provision for proper training of their nurses by affiliation with one of the large hospitals of the province, and the difficulty of instruction should be met in one or other of the following ways:—

(*a*) Proper teaching facilities and efficient teaching personnel;

(*b*) Travelling instructors, if practical in our province;

(*c*) Specially planned curriculum for such training school.

Public health nursing has of late years, and especially since the war, aroused great public interest. Combined with this is health education which has a substantial place in the education curriculum, both of the normal and public schools of Saskatchewan. Public health nursing fields are rapidly opening up and being filled. Our Canadian universities are helping to train personnel to fill these positions as rapidly as possible. Already public health courses for nurses have been established in Toronto, Dalhousie and British Columbia universities, with others contemplated.

Co-operation between voluntary societies and the public health organizations now in existence is noticeable to-day. The professional is aided by the non-professional, all working together for a greater and better service to humanity. All must co-operate with the state health organization, which is the fundamental basis and supplies most of the money. Greater co-operation should be established between the public health nurse in the rural community with the hospital in that centre. Hospitals have curative, educational and scientific obligations to societies to fulfil. Equally as important and necessary, they should do their share in preventive medicine by a well established co-operation with the public health nurse in her activities.

The nursing session throughout was one of local and national interest and many vital problems were up for discussion, and though these were well discussed and debated, yet it was felt that something of a more real and constructive nature should follow, and as this was almost impossible to accomplish at the convention, a committee was accordingly appointed to go carefully into the deliberations of the day and report to the Association later, possibly to the executive at its next meeting or at the next convention.

Medical Session.

The medical service of all hospitals is under scrutiny to-day and the question to be answered is "Is the hospital giving the right kind of medical service to its patients?" Production sheets must be analyzed. A survey of our province finds many living up to the present day requirement and others wanting to do so, but cannot owing to financial circumstances. It is unfortunate that many of our health institutions have sprung into existence without any definite standard or relation to such conditions as mean a highly efficient service. Many are lacking in structural and architectural design. Many poorly equipped and personnelled. Others are up-to-date in every respect and have as their ideal the highest type of service. In all cases more propaganda and finances are needed. It is indeed very necessary that the hospitals of our province establish a more substantial method of financing. This seems to be the very root of all our deficiencies, and being such, it behooves us to remedy it. The spirit of service found in the hospitals of the province was wonderful and several with deficiencies in equipment and staff were doing good work under trying circumstances.

More interest must be aroused in boards of trustees and better co-operation induced between them and the medical men of the hospital community. Generally speaking, properly regulated hospital propaganda to arouse more community interest in the institutions is needed, and no doubt this is being fostered and developed through our Hospital Association.

A large number of the hospitals in this province can readily meet the minimum standard. Several have been reviewed from this standpoint and some fourteen or fifteen of fifty beds and over, have fallen in line or are going to do so. Every hospital has a medical staff, but unfortunately in some cases there is not the co-operation between the members that is desired. This must be better fostered. All hospitals can have good records, and the only excuse for not having them is laziness on the part of the medical men attending. Every hospital should be able to do the routine laboratory work, including urinalysis, smears, sputums for tuberculosis, blood counts, etc., and the more diffi-

cult work, such as pathology, serums, vaccines, etc., should go to the district or divisional laboratory, which in this province is the provincial laboratory. This is now all being worked out for the province. Hospital standardization as it is known to us all should well be considered as the minimum service any institution should give if they desire to render the community the kind of service they are entitled to.

A standardization survey of the province has revealed a great need for laboratory and X-ray technicians and medical record clerks for our hospitals. It is fully agreed that all hospitals should render at least a minimum service, which is as follows:—

Firstly.—To meet all emergency work which might arise in the community.

Secondly.—To treat all types of medical cases.

Thirdly.—To do maternity work.

To do this we must have medical case records, routine laboratory and X-ray work. These need trained people—medical record clerks and technicians. The doctor of to-day will not do this work and so we must look to nurses or others specially trained in these departments. To that end the Vancouver General Hospital is contemplating a ten months' course of training to nurses or others in the laboratory, X-ray and medical records, thus fitting persons to go to the various smaller hospitals and do the work. Undoubtedly this will meet a present urgent need and do much to improve the medical service of our hospitals.

In many instances to-day there is need of drawing the medical staff into more sympathetic touch with the hospital and the developing of a more constructive interest. The medical men must be imbued with the spirit of good hospital service. They must have constructive scrutiny over the medical work of the hospital and lay down such a policy as means the best possible efficiency in its service rendered. They must write their own medical records and conform in every respect to the requirements as laid down in hospital standardization.

Hospitals to-day must have organization and medical super-

vision of some kind is necessary. The doctor may give his services gratis or be part time or full time, this depending on the size of the institution. Arrangements can always be made for the medical supervision required. The smaller the hospital the more and diversified the duties which fall on their superintendent or one directly in charge. Let the organization be outlined, clearly cut and definitely defined with centred authority, and each person in it knowing well the full measure of his or her responsibility or authority. If the institution grows this organization can be filled in as required. The larger hospitals, say of one hundred beds and over, should have a resident medical officer in charge, as the responsibility is too much for any person other than that of a medical man.

Dietetics in relation to the scientific treatment of disease is to-day recognized and being gradually introduced into all our hospitals. We now find the internist, the dietitian and the laboratory man all working hand in hand in the successful treatment of many diseases hitherto thought incurable or chronic, through the scientific application of food and its values. All our hospitals must pay greater attention to this branch and superintendents of these institutions must equip themselves with the knowledge necessary for the practical application of these well proven principles of dietetics in relation to disease.

The recent advances made in Psychiatry make it necessary that our hospitals give more attention to this branch of the service. We must of necessity make provision for the psychopathic cases coming to our institutions. We must provide better means for a longer and more expert or scientific observation before committing to the mental hospitals. The larger general hospitals must have psychopathic wards where these can be treated primarily. By so doing a great economic problem of the state will be solved.

Business Session.

Probably the subject that is engrossing the minds of boards of trustees and others connected with our hospitals is that of finances. There is a universal lack of money with all our in-

stitutions, which in the vast majority of cases is impairing the efficiency. This is very serious, and active steps must be immediately taken to secure ample and certain methods of financing instead of the indefinite and almost unreliable sources as at present. It was conclusively proven that the municipalities of British Columbia were not contributing to hospitals as liberally by any means as the government, who in the past year in this Province gave over $1,400,000.00 to hospitals. Not only are our hospitals hampered for running expenses, but also for capital expenditure. The proposed health tax suggested by the Secretary of the Provincial Board of Health gave encouragement to all in this respect and it is earnestly hoped will be a reality soon.

Standardization of hospital accounting has not as yet been developed here, but is necessary in order to have an intelligent business interpretation of our hospitals so far as costs or expenditures are concerned. It will mean a more comprehensive knowledge of how best to distribute the charges in a fair and equitable amount, as well as afford a basis on which revenue and expenses can be better correlated. This is as necessary in a hospital as in a business concern.

It is difficult to argue the question of purchasing supplies by contract or by the open market, but generally speaking, money can always be saved by buying by contract, provided the market is anyways stable and you have a definite specification for goods desired. Contracts for long periods at present and during the past few years is not advisable owing to the ever-soaring prices. Competitive buying, as for instance, monthly contracts on groceries, etc., is always considered good policy.

Hospital architecture to-day has become a specialty of its own, for these institutions must be so planned as to be part of the treatment itself. Very careful attention should be given to air space, ventilation, sanitation, tints or colors, etc. Vastly important is the general layout with the relation of the various services so as to insure efficiency and economy of service and reduction of labor in administering to the patients with the minimum number of steps to be taken each time. Too many hospitals are built without due consideration as to the needs of

the community—present or future. Some standard must be evolved as a guide for future hospitals.

There seems to be a great diversity in hospital charges but the adoption of any uniform system can only be done when we have a better knowledge of costs and when we are able to standardize the much talked of "per capita cost." In nearly all cases the "per diem cost" in each institution is much lower than rates charged. All charges made, including special and contract, should take into consideration the per diem cost prevailing in that institution. It would be pleasing if we could arrive at a uniform service in all our hospitals and thus a uniform cost with uniform charges. Most hospitals have a large number of so-called extras as laboratory, X-ray, operating room, anesthetics and drugs. It might be possible to combine all these in a flat charge which would require less bookkeeping and not be so annoying to the patient when called upon to pay the bill.

The convention appointed a committee of hospital accountants to bring in a report on hospital accounting and allied matters pertaining to financing of our institutions. This committee will consider standard and uniform methods of business procedure for our hospitals, and report at the next conference.

Other Hospital Problems.

The hospitals of British Columbia have made wonderful progress, but still have vital problems to be solved.

In this province to-day provision has not been made by the Government for the care of the incurable, which, in most provinces and states, is regarded as a duty of the State. As present this burden is carried by the Vancouver General Hospital and several other institutions of British Columbia. Negotiations have been going on with the Government for several years, but no action has yet been taken, but we have reason to believe it is under very serious consideration at present. There is only one solution which is known to all. Nearly one hundred of these cases are at present cared for by the Vancouver General Hospital in their splendid institution at Marpole, where all the comforts, medical and nursing care are afforded and ample provision made

for light employment or vocational work. The financial burden, however, should be assumed by the State.

Our province as a whole is greatly lacking in proper hospitals to look after infectious cases. The buildings afforded are usually unsuitable and inadequate in all respects. When such attention is paid to hospitals for general purposes, it is only reasonable to expect more consideration be given this special type of hospital. Two things are necessary here to-day. Firstly—the establishment of up-to-date isolation hospitals throughout our province where needed; possibly the consolidated municipal system recommended two years ago would be the most efficient. Secondly—all general hospitals should provide the necessary segregation and observation wards for cases and lessen the cross-infection and epidemic outbreaks that we know occur in them from time to time, and which are unavoidable under the present system. Segregation of children particularly, is necessary through the incubation periods at least. The proper handling of the infectious cases with precautions against spreading infection is an important economic question for any community, and such a means to protect the community against epidemics is not only desirable, but a duty to humanity.

We are all agreed that generally speaking, visitors and visiting in hospitals is a menace to all concerned. Visitors disseminate infection, waste the time and energy of the nurses and staff, causing them often to work harder and remain on duty longer, aggravate the disposition of even the most pleasant and courteous, and, possibly more important than anything else, retard the physical progress of patients. It has been proven over and over again, experimentally, by the Vancouver General Hospital, that when visitors were excluded from any section of the hospital the service to that section was far superior than otherwise and the physical progress of our patients immeasurably better than when visitors were allowed. The tabulated results from findings during the influenza epidemic in the Vancouver General Hospital proves without a doubt the point in question. Public education is necessary, combined with a united effort on the part of all our hospitals to cut down visiting in hospitals.

Convention Business.

A great deal of business came before the convention and was either disposed of or referred to the executive. The report on by-laws and constitution was left over till the next meeting and in the meantime the hospitals were all to receive a copy of the proposed changes. The committee on officers for the ensuing year submitted the following slate, which was adopted unanimously.

Officers, 1920-1921.

Honorary President—Hon. J. D. MacLean, Victoria.
President—Dr. H. C. Wrinch, Hazelton.
First Vice-President—Mr. R. S. Day, Victoria.
Second Vice-President—Mr. R. A. Bethune, Kamloops.
Secretary— Dr. M. T. MacEachren, Vancouver.
Treasurer—Mrs. M. E. Johnsson, R.N., Vancouver.

Executive Committee.

Miss E. I. Johns, R.N., Vancouver.
Miss M. P. MacMillan, R.N., Kamloops.
Mr. Charles Graham, Cumberland.
Dr. W. E. Wilks, Nanaimo.
Miss L. S. Gray, R.N., Chilliwack.
Mr. George R. Binger, Kelowna.
Mr. D. G. Stewart, Prince Rupert.
Rev. Father O'Boyle, Vancouver.
Miss J. F. MacKenzie, R.N., Victoria.
Mr. E. S. Withers, New Westminster.

The time and place of the next meeting was left to the executive. Vancouver, Victoria and Kamloops were named. This will likely be decided by vote of all the hospitals.

NEW PROVINCIAL HOSPITAL AT WHITBY

The recent meeting at the Ontario Hospital, Whitby, Ont., of The Ontario Neuro-Psychiatric Association, gave a number of physicians and hospital superintendents, an opportunty of looking through what is undoubtedly the finest and most up to date Hospital for the Insane to be found anywhere. We would like to take the opportunity of congratulating Dr. Forster and his associates at Whitby, on the success of the meeting in question and to thank them for their courtesies on September 15th.

Declared by the highest authorities on the American continent to be the finest Hospital for the Insane in the world, and that it outrivals them all in advanced ideas for treating the mentally afflicted, the Whitby Hospital is located on the most ideal spot in the province. Occupying a farm of 640 acres, it is situated on a beautiful point of land jutting out into Lake Ontario from Whitby Harbor, is bounded on the east by two large orchards and the harbor, and extends north as far as the Grand Trunk tracks.

To create the institution, all existing hospitals have been visited and studied. "What would you not do if you were planning your place again?" has been the eternal question. Then with an example of what to do before them, the late Hon. W. J. Hanna and the members of his staff evolved what is now a beacon to all others, and a gift to posterity from the people of Ontario.

A unique feature of the grounds with their cement walks and flower beds is the absence of poles and overhead wires. Special lights are placed on the buildings, which reflect sufficient light for the illumination of the grounds.

The thirty buildings of grey stucco walls and red tiled roofs were designed by James Govan, and the cottage system with pleasant lawns and much shrubbery has been adopted.

The equipment of the new colony is so complete that it is practically a town in itself. For the treatment of the mentally afflicted there are up-to-date pathological rooms, an X-ray room, special electrical diet stoves in every ward, dental clinic and operating rooms. Other important departments are fine laundries, blacksmith shops, occupational training quarters, ice

house, a large storehouse, a small canning factory, chapel, nurses' homes and an electric lighting and power plant. A library and manual training centre will be added this summer. The men's quarters are equipped with a cafeteria service, and the women's quarters have service dining rooms.

The thirty buildings are divided into many sections. Two of the chief sections are the men's quarters and women's quarters. Each have seven buildings, which include the cottages, main dining hall and kitchen and a large infirmary. Both infirmaries are laid out so that the greatest amount of sunlight can be admitted to the sunrooms, which number forty in all. With the many windows and the pleasant views of the lake from the windows the buildings represent charming summer hotels.

The two large kitchens, one in either infirmary, are new ideas in sanitation and efficiency. They are built throughout with white brick and tile, and are equipped with every modern convenience. One of the features is an electrical dish washing and drying machine combined. The dishes are washed, dried and put away in racks ready for use by the one machine.

The eight large cottages, in which the patients sleep and have their day rooms, were constructed, with few variations, from one original plan. The large entrance hall, with red tiled floor and a brick fireplace at either end, forms the day room, in which the patients are taught handicraft by special instructors. Excellent work is accomplished, and much of the directed labor is carried out by the patients themselves, who take a great interest in work which they desire.

Attractive chintz curtains adorn the windows, and the walls are of brown with buff ceilings, and upper half of the walls is also buff color. Comfortable seats, chairs, many green plants and rugs add a "homey" touch to the cottage living room. At either end of the main room are cosy sitting rooms out of which three single rooms open. Each contains a hospital cot, somno and a chair. All floors are covered with battleship linoleum, which deadens all sound. Off the living room is a corridor along which are white tiled washrooms and bathrooms fitted with the latest appliances for therapeutic baths.

All plumbing is enclosed in the walls. A separate side en-

trance, by which the patients enter and leave the building for their meals and daily walks, leads into a boot and cloak room, where the patients don felt slippers for wearing while in the cottage.

Over the day rooms are the dormitories which achieve the great aim, "observation without restraint." A corridor connects at either end rooms with fourteen beds. There are no doors or dead walls, and one nurse, stationed in the corridor, can watch all the patients without them being aware of it. Two other rooms, containing six beds each, and various single rooms bring the total that can be accommodated in each cottage to fifty-seven.

There are 800 patients in the hospital. The institution can accommodate 1,000, and will be able to handle 1,500 cases when all the buildings are completed. Ten doctors, 100 nurses and many orderlies are required. Since the patients have arrived from Toronto a great change has been noticed, and according to the authorities they have been given "a new lease of life." With slight expansion the hospital can easily accommodate between four and five thousand patients.

A large amusement hall, which would be a credit to Toronto, is in constant use. Two picture shows are given every week, and many dances are held. Beneath the main hall is a large bowling alley, and arrangements are being made for the installation of billiard tables for the use of the patients and staff. A skating and curling rink, a nine-hole golf course, tennis courts, a boating and sailing house, a baseball diamond and swimming facilities are also being planned.

Dr. J. M. Forster, superintendent of the hospital, who has been in the service for over thirty-two years, in practically every part of the province, outlined to *The Telegram* the aims, and future prospects of the hospital in an optimistic manner. The recent advances in the treating of mental cases have practically revolutionized medical science, and the general public has a totally wrong conception of hospitals for the insane and the patients.

"They call the institutions asylums, and have the impression that the patients are raving madmen and kept in padded cells," said Dr. Forster. "At present forty to fifty per cent. of the

cases treated are classified 'slight,' and leave hospital cured. Many of the patients are only in the hospital for a few weeks and leave cured. There are over a thousand classifications of mental cases, but with all the latest improvements and data obtained from the past few years of research work the percentage of cured cases will be brought up to 100 per cent.

"Although the nurses have many difficulties they are doing excellent work. Their training calls for a post-graduate course after their ordinary training as a nursing sister. Twenty of our sisters were sent to the military hospital at Orpington, Eng., and many of them were mentioned in despatches for their services."

All the buildings are fireproof, and are equipped throughout with hydrants, hose lengths and extinguishers, while the construction allows for easy access to the grounds from low balconies. There is also a well equipped fire department.

Admission buildings will be built during the next few months, where cases can be studied and classified more closely. New cottages will be erected by the cliffs at the lake shore, where slight cases will be treated. A large greenhouse and an isolation hospital, where acute cases, if any, can be treated, are two of the many new features planned for the coming summer.

Every piece of material and article is eligible for the "made in Canada" legend, and was turned out at Government institutions. From bricks to beds there is a challenge of comparison. One Scotch authority, who visited the hospital recently, declared that, although the firms in Scotland have been manufacturing roof and floor tiles for the past two hundred years, the best output did not equal the material used at Whitby, which was made at the provincial plants at Mimico. Many experiments were carried out before the tiles and other materials were considered satisfactory.

Several of the veteran employes from the Queen Street, Toronto, institution are at the Whitby Hospital. Among them is John Carson, who is chief attendant, and who has seen thirty-eight years in the service.

NEW BUDGET TAXES HIT HOSPITALS HARD

THE proverbial "last straw" has much in common with Sir Henry Drayton's budget as applied to the financial backs of hospitals and charitable institutions in Toronto and throughout the Province. This is the view of officials of the Ontario Hospitals' Associations which recently applied to the Minister of Finance for alleviation of the "luxury" tax in its effect on such "frivolities" as supplies for the public wards of hospitals. The delegation, which represented several Toronto and Western Ontario, Montreal and Ottawa institutions, asked that hospitals be made entirely exempt from the effects of the budget. They came away hopeful and assured that the Minister was "sympathetic." As a result of their representations, canned goods were sliced off the list of "taxables" and the tax of thirty per cent. on proprietary medicines was reduced to twenty per cent. On the whole, however, enough kick was left in the budget to add approximately $25,000 to the annual cost of operating one hospital in Toronto. In Montreal, the Royal Victoria Hospital was forced to close sixty beds on account of the tax.

Asked if Toronto hospitals may be forced to follow suit, C. J. Decker, Secretary of the Ontario Hospitals' Association, shrugged his shoulders. "We're not talking about that. Hospitals must be kept open, somehow. But how we are going to meet the extra deficit is a dilemma," he replied.

Hundreds of letters are pouring into Mr. Decker's hands from the remotest corners of the Province protesting against the growing difficulty of operation of charitable institutions. Almost every hospital in Ontario and all in Toronto have large annual deficits and the increased burden of the extra Federal tax must be added thereto. More than any other institution are hospitals in the hands of the monster, H. C. of L., and defenceless against his rising power. "There can be no reduction of service. Every patient must be supplied with whatever is necessary for his recovery. There can be no substitution, for patients must have the genuine goods whether it be in diet or in medicine," said Mr. Decker.

In tabling the effect of the one per cent. tax on hospital supplies, Mr. Decker quoted figures from the cost of operating Ontario's largest hospital, the Toronto General, of which he is superintendent. Its annual purchases amount to $600,000, of which only $100,000 is for non-taxable goods. On the remaining $500,000 worth of goods Mr. Decker estimates $25,500 will be secured at the expense of the hospital. Here are a few of the items.

Spirits (alcohol) taxed $3.30 a gallon in addition to previous excise tax of $3.93 a gallon. On 1,000 gallons a year, tax is $7,230.

Spirits (whiskey, brandy, sparkling wines), $2 a gallon or $1,000 a year.

Free proprietary medicines, twenty per cent. tax, representing $6,000 a year.

Ordinary commodities (linens, cotton gauze and instruments) two per cent., $9,000 a year. The remainder of the $25,500 is made up of the one per cent. tax on drugs.

H. C. Tomlin, superintendent of the Western Hospital, Toronto, supplied a few items taken from a morning's list of invoices. The tax will affect the Western Hospital to the tune of between $5,000 and $7,000 a year, he predicted. His list follows:

Steel pulley, 4 by 4 inches, value $2.96, tax .06.
Drugs, value $23.34, tax .24.
Brass cup and grease, value $2.57, tax .03.
Maple syrup, value $34.15, tax .68.
Wheels and castors, value $7.80, tax .08.
Paint, value $26.25, tax .54.
Total, value $98.07, tax 1.63.

"Those are only silly little incidentals that must be purchased every few hours in a place like this. It piles up day by day and is only adding to our deficit. It will be impossible to continually add to our rates and the people are getting tired responding to appeals for help. I don't know where the burden will fall eventually," he said.

According to the Secretary of the Ontario Hospitals'

Association, the luxury tax is not the only bugbear before hospital trustees for the coming year.

"We are very much disappointed in the failure of the Provincial Government to make the increased rates of Provincial and municipal allowances retroactive from the beginning of the hospitals' fiscal year, October 1. Hospitals throughout Ontario are in serious positions to-day, and the Government apparently fails to realize it. The cost of operating the Toronto General Hospital alone has advanced $90,000 over the last year. To meet that, the increased rates, had they been made retroactive as we expected, would have given us about $45,000 a year, but with only three months of the fiscal year left, they represent only about $12,000. From letters which I receive similar conditions prevail in other Ontario hospitals on a corresponding scale."

The threatened coal shortage is likely to prove another drawback. "Last year we were supplied with heating coal at $8 a ton. This year it will be scarcely obtainable at $12.50 a ton. We use 7,500 tons of coal a year," said Mr. Decker. "The same complaint comes from all the forty hospitals represented in the association," he added.

"Will there be a meeting of the executive of the association?" he was asked.

"There would be little use. No change in the rates can be made until next session of the Legislature at least. So far as I know we will simply have to meet the increased cost the best we can until the Government meets and agrees to do something more."

Book Reviews

"Wade in, Sanitary!" The story of a Division Surgeon in France, by Richard Derby, Lt.-Col. M.C., U.S.A., Division Surgeon, Second Division. Illustrated. G. P. Putnam's Sons, New York and London. (The Knickerbocker Press.) 1919. Price $2.00.

To those who read of or hear of this interesting little war volume, will probably come the exclamation, what an odd name! And they will wonder how the author happened to choose it. The expression is the last line of the first verse of Bret Harte's poem, "How Are You, Sanitary." This book gives an interesting account of the war from the surgeon's point of view. The average American doctor was a "live wire" and full of "pep." Lieut. Ingalls, from Roswell, N.M., for instance, had in his former career done a good deal of work in constructive engineering, which stood him in good stead in his capacity as director of field hospitals. He thought nothing of going 200 or more miles across New Mexico to visit a patient—a formidable undertaking to a city doctor. As a rule, beyond a certain age (40) the city physician was physically and mentally unable to adapt himself to the stress of action. The country doctor, who had spent the greater part of his life in the open air, in an open rig or on horseback, took to the vicissitudes of life in action as easily as a hermit crab changes his shell. He was as a rule wiry, spare and had his nervous system under perfect control.

Army Mental Tests, compiled and edited by Clarence S. Yoakum and Robert M. Yerkes; published with the authorization of the War Department. New York: Henry Holt & Company, 1920.

The object of the tests in this manual was to assign an intelligence rating to every American soldier, on the basis of a systematic examination in order to assist in placing him where he would be of most value. The tests were not intended to

replace other methods of judging a man's value to the service. They do not measure loyalty, bravery, power to command, or the emotional traits that make a man "carry on." These psychological ratings, however, greatly abbreviated the process of selecting men for different classes of duty, indicating at once, for instance, the groups in which suitable officer material were found; and also those whose mental inferiority warranted their elimination from regular units in order to prevent retardation of training. These tests will be found useful in civilian life, and should be of much use to teachers, medical men, and to the "hirers and firers" in the large industrial establishments.

Teaching the Sick, a Manual of Occupational Therapy and Re-education, by George Edward Barton, A.I.A., Director of Consolation House, President of Consolation House Convalescent Club, Clifton Springs, N.Y., illustrated. Philadelphia and London: W. B. Saunders Company. 1919. Cloth, $1.50 net. Canadian agents: The J. F. Hartz Co., Limited, Toronto.

This little book treats in a very interesting manner the subject of Vocational Therapy. As a result of war casualties the grouping together of so many convalescents has served to emphasize the need for using to better advantage the greatest asset of the convalescent, namely, "time, literally time to burn."

The writer presents his subject clearly in the statement that the cripple or convalescent must be allowed to fulfil the obligation of self-respect, of self-support, and the obligation of proving that, though maimed, they are at least not crippled in their wills.

All his suggestions are based on the axiom that beneficial therapeutic effect must always be the first consideration. He claims also that "the needs of war, though great" have not exceeded the needs of peace. Altogether the book will be found to be very interesting and of very definite value to those interested in the problem of the care of convalescents.

The Problem of the Nervous Child, by Elida Evans. Introduction by C. G. Jung, M.D., LL.D. New York: Dodd, Mead & Co. 1920. Canadian distributors: McClelland & Stewart, Toronto.

Jung holds that the origin of the nervousness of patients, in most instances, can be traced back to the early impressions and developments in childhood. The author insists on the importance of watching the manifestations of the sexual instincts at that period; and presents this book to aid parents who have arrived at a point in child-training where the methods used have proved inadequate. She points out that words are learned before meanings and accepted uses of words: children, e.g., are taught to make repentant statements where there is no repentant spirit. The parents' attitude toward each other may have the effect of determining the habitual sunny or cloudy temperament of the child. Obstructions must be explained. The child must travel slowly —the world is so full of so many wonderful things, objects of every moral indigestion results from appetites awakened before the time for their gratification is at hand. Age is not properly counted by years but by all-around development of the individual, and this is essentially different from the intelligence measured by the regulation tests. One sees many old infants (from 15 to 80) with the initiative and self-reliance of babies. Some parents seem to think they own their children, body and soul, and are created for their sole protection in old age. Too much discipline is fatal to freedom; contrariwise, too much freedom, without proper training, leads to Bolshevism. The child born and reared on a farm, *cæteribus paribus,* has an immense advantage over his city cousin. He has space on which to roam and, seeing farm animal life, learns nature's lessons in the cleanest and most wholesome way. Play is but a preparation for life. The child's play imitates work. The country child's chores are his life-preserver. The life force which sends forth the leaves and grass, the bird out of the nest, weans the kitten, sends animals miles away (going days without food and facing danger) to find a mate is the same force which fills the

adolescent child with wishes to assert his own individuality, and brings on the first love affair. This force is the libido. It expresses itself by saying from what kinds of activities its possessor gets satisfaction. In cases of nervousness the libido is found occupying itself in gaining satisfaction from unconscious thoughts, and other activities, not being suited for social living, have been repressed into the unconscious where they continue their activity, though the individual is unaware of the fact. If the child's libido should too suddenly flow from its narrow channel over a broad expanse, the current would be suddenly dissipated and lost. The child should remain a child until he passes through the various phases of physical development and gains physique strong enough to withstand the greater emotions of life.

Our readers interested should secure this book, and recommend it to all parents and teachers.

REV. DR. LARGE DEAD

Rev. Dr. S. D. Chown, General Superintendent of the Methodist Church, received a telegram from Prince Rupert on August 25, announcing the death of Rev. R. W. Large, M.D., medical superintendent of the Methodist Port Simpson, B.C., Hospital. He had been ill for some time. Dr. Large was a graduate of Toronto University and Victoria College, and was a son of the late Rev. Richard Large, a member of the Toronto Conference. When the call came twenty-two years ago Dr. Large went to British Columbia, working among the Indians.

"No better man could have been secured for this work," said Dr. Chown.

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Dr. M. C. O'Brien (*Texas Journal of Medicine*) believes that the microscopic diagnosis of an inflamed endometrium cannot be made by the condition of blood vessels or stroma, on account of normal cyclic changes in these structures, but rather by the presence of round or plasma cells.

Except in cases of uterine polypi, sub-mucous tumors, carcinomata, etc., no inflammation of the endometrium itself is directly responsible for excessive, scanty, or irregular uterine hemorrhage; in other words, menorrhagia and metrorrhagia are not caused from diseased conditions of the ovaries.

That the nutrition of the uterus is absolutely dependent on the secretion of the ovaries is a proven fact.

The secretions of the thyroid pituitary body and mammary glands also affect to a certain degree the nutrition of the uterus. Excessive secretion of the thyroid has an inhibitory effect on the function of the uterus.

The writer has found that long, thin, wool tampons placed in the cul-de-sac with a dressing forceps through the speculum, the medicated part being placed at the external os and the greater part of the tampon packed firmly enough to tilt forward and support the fundus, gives these patients great relief. The proper placing of tampons does as much or more than the medication, by supporting the fundus, helping the circulation and favoring drainage, especially in the recumbent position. In retropositions of the uterus, constitutional treatment is always indicated, as there is some cause for the relaxed condition of uterine ligaments.

The use of continuous hot douches will work wonders with a boggy, swollen uterus, the mucous membrane shriveling like a washerwoman's hands. These douches should not be given for a period longer than thirty minutes.

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COMMERCIAL DEPARTMENT

Hospital Ventilation

Physicians and surgeons agree on one fact, that germs present in dust are the greatest menace to the treatment of disease and particularly to surgery. Dust has been found to contain many forms of bacillus, and it is, therefore, paramount that institutions such as hospitals and clinics prevent the atmosphere in its wards, and especially in the surgical wing, from becoming contaminated.

Fresh air is absolutely essential in the treatment of most diseases. In the past few years the relation of humidity, that is, the amount of moisture present in the air, to various infections has received considerable attention. It has been found that the absence of sufficient moisture has quite a bearing on the progress of many diseases, as has also the presence of too much moisture. This leads us to the statement that there is a certain condition of humidity and temperature best suited for the treatment of diseases, both in the initial and convalescent stages.

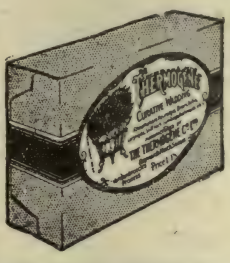
Before the introduction of air washers in connection with fan systems of heating and ventilating, much criticism was made against the use of this system in hospitals. Most of this centred on the amount of dust and dirt introduced in the rooms along with the heated air. This is entirely overcome by the use of an air washer, which not only cleanses the air of all impurities, but allows the humidity to be regulated to a nicety.

In the Carrier Air Washer the air is caused to pass through a chamber filled with a finely divided spray or mist of water; this brings the air and water in intimate contact. The moisture-laden air is then passed through a series of zig-zag plates or eliminators, which are kept flooded with a thin sheet of water. The dust and dirt are thrown against these surfaces and washed off by the film of water, leaving the air pure and saturated with moisture as it leaves the washer. By regulating the temperature of the spray water, we can control the humidity to any pre-determined degree.

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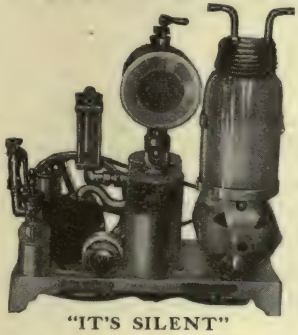
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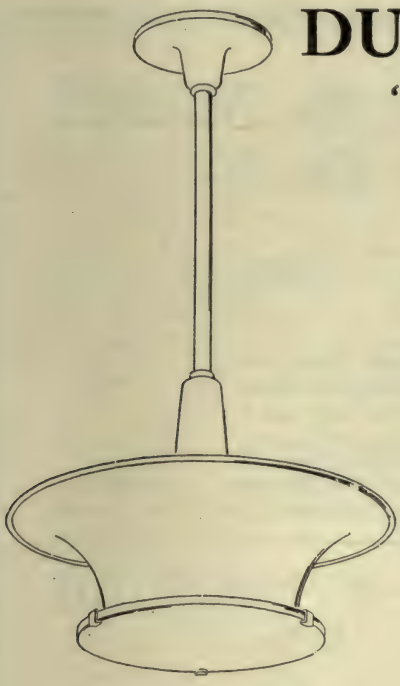
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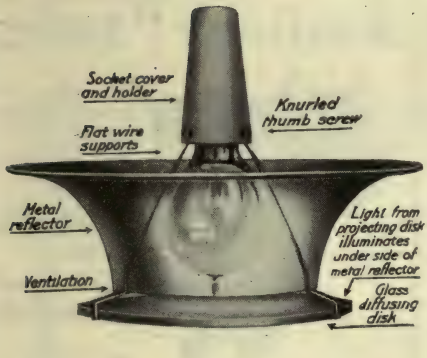
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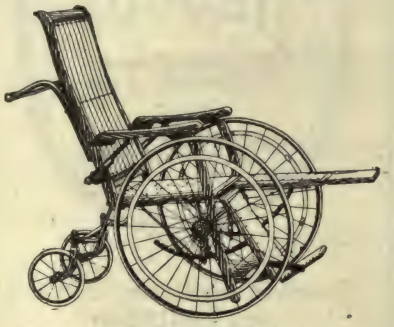
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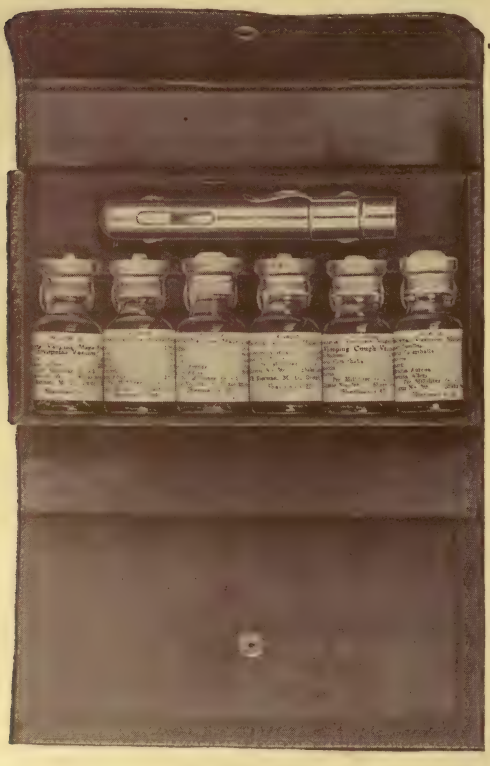
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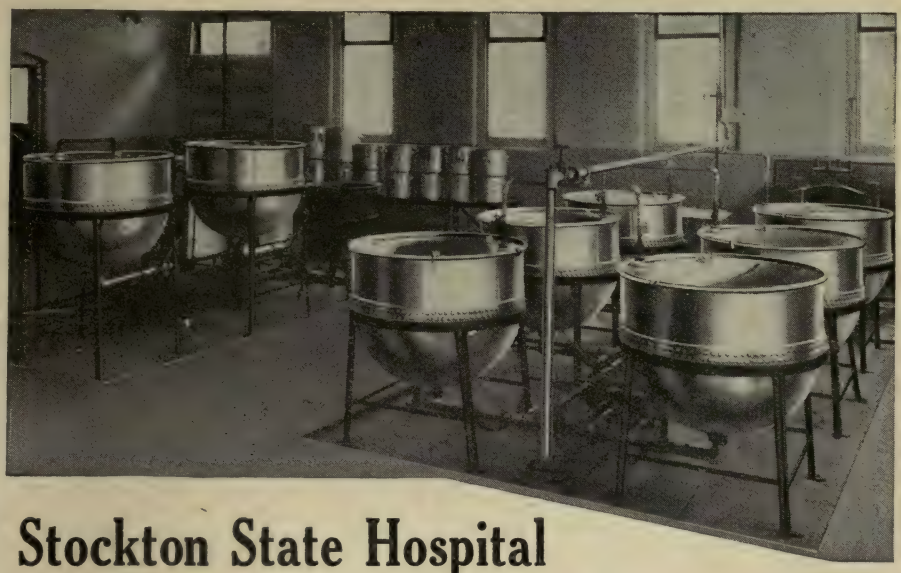
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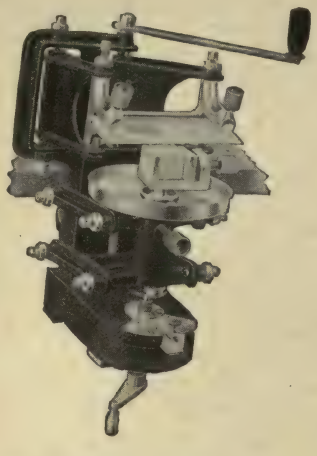
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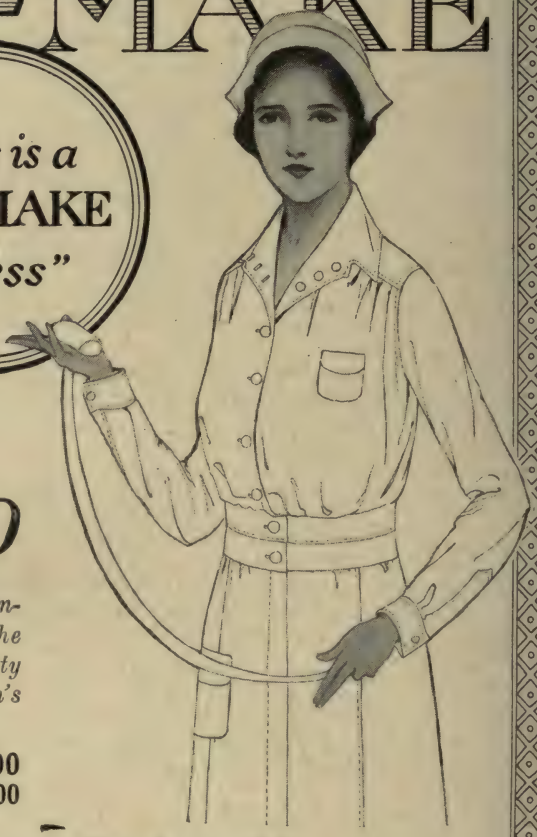
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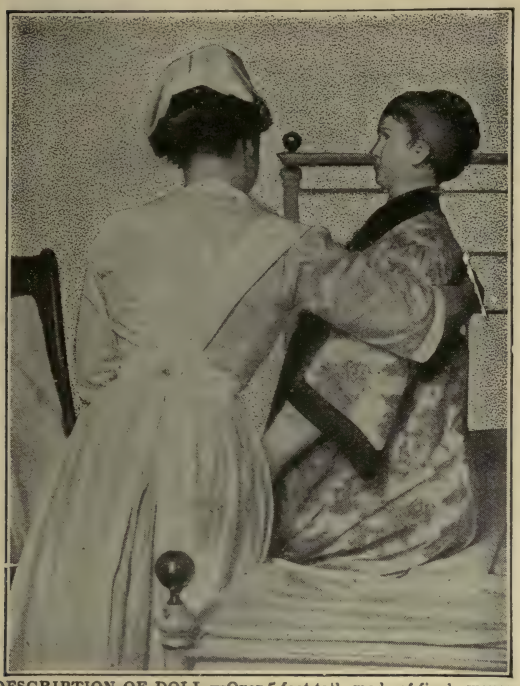
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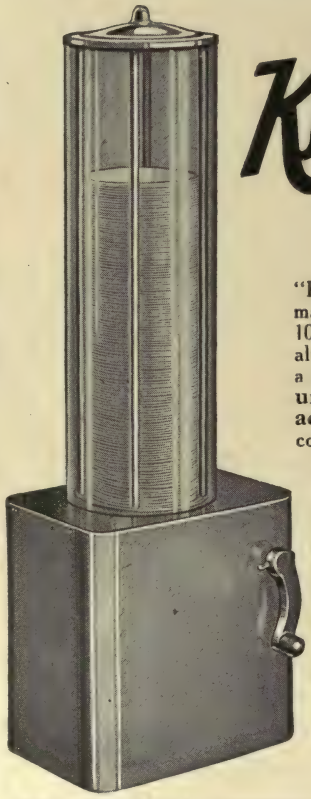
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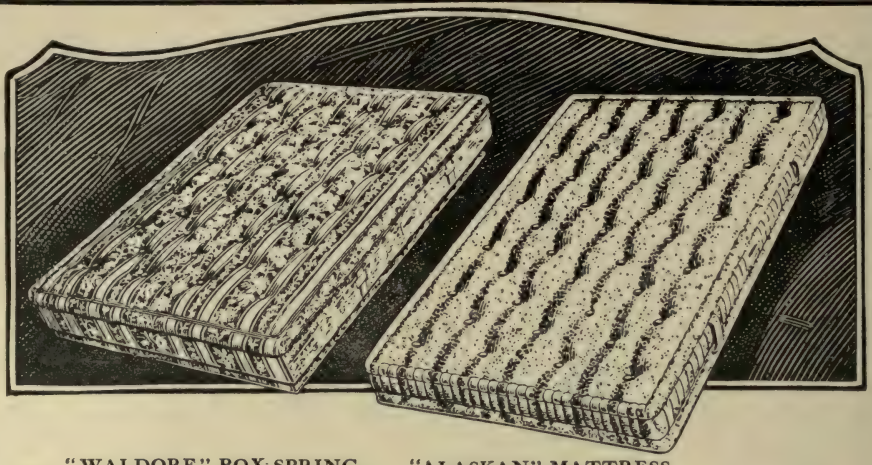
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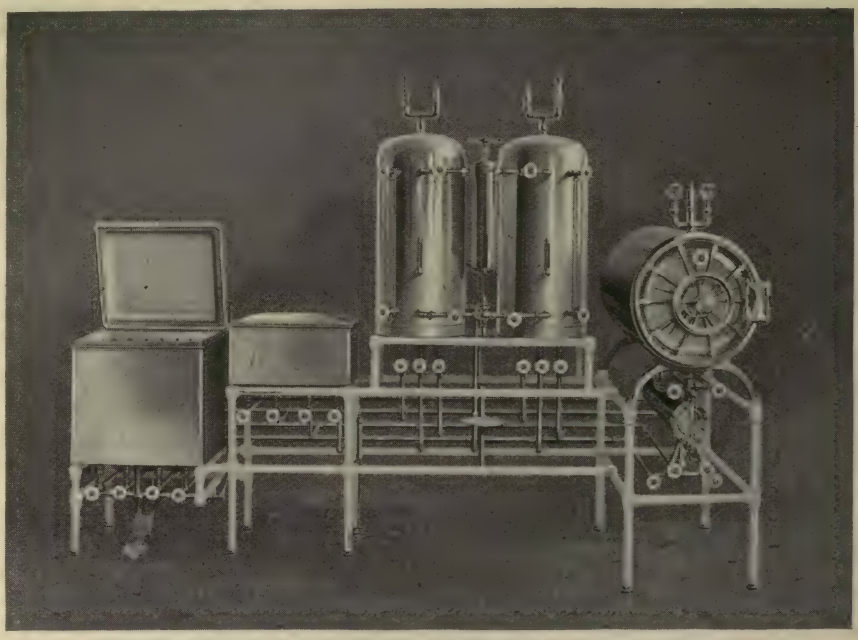
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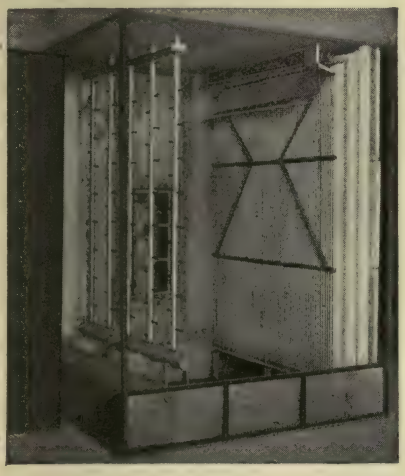
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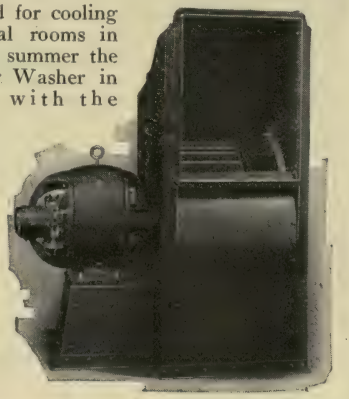
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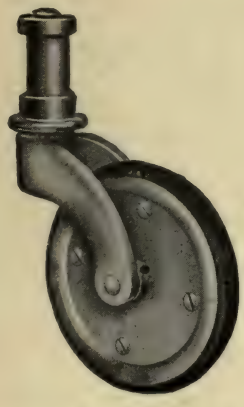
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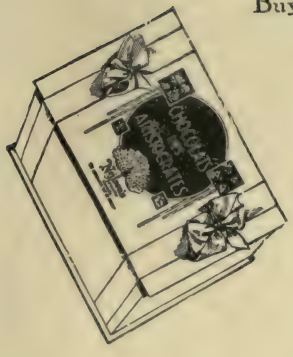
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The Hospital World

TORONTO, CANADA

A Journal published in the interests of Hospitals, Sanatoria, Asylums and Public Charitable Institutions throughout the British Empire

Vol. XVIII. TORONTO, DECEMBER, 1920 No. 6

Editorials

THE CANADIAN HOSPITAL ASSOCIATION

WE have been informed that at the Montreal meeting of the American Hospital Association a recommendation was made that states and provinces should all organize Hospital Associations. The Alberta Association, at its recent meeting, passed a resolution calling upon the hibernating Canadian Association to arouse and act. It is easy to pass resolutions and advise; but to get the Canadian Association again under way some active interested hospital workers must take the initiative. We have no doubt Dr. E. H. Young, the president of the association, knows where to lay his hand on the "live wires." We trust he will call a representative group together soon and get things under way for a national convention in 1921.

This association might meet alternately in each province in conjunction with the Provincial Hospital Association; or it might meet at the same time and in the same place as the Canadian Medical Associa-

tion. Such an arrangement would tend to benefit, and many doctors would be keenly interested in the welfare of both societies. Though they might not have time to attend two separate meetings in different places at different times, if the meetings were held simultaneously or on contiguous groups of days, in the same place, they could attend meetings of both associations or such portions of both meetings as attracted them most.

As official organ of the Canadian Hospital Association, THE HOSPITAL WORLD will assist in every possible way to revive and support it.

THE ALBERTA HOSPITAL ASSOCIATION

We publish, with much satisfaction, a summary of the work done at the second meeting of this association.

We congratulate the association on its action in relation to several things: it has aligned itself (1) with the graduate nurses, who are, in the main, the hospital superintendents; (2) with the provincial university, with which institution negotiations are to be made looking to the training of nurses in the theory of nursing and in the preliminary scientific studies; (3) with the Provincial Board of Health, which has so much to do with the prevention of disease, the erection and support of hospitals; and with the medical profession, who do most of the medical work of the hospital free. We also commend the attitude of the convention in respect to standardization. The Province of Alberta proposes to have a

standard of its own—one suitable to the particular hospital conditions which prevail in Alberta. Quite right. Their decision in respect to records is praiseworthy. Good records will result in good work. A poor operator will not want accurate records of his work. "Putting it all down in black and white" will tend to eliminate the occasional bungler who thinks he knows how to operate but doesn't.

Their action in appealing almost fervently (as we have done) to the Executive of the Canadian Hospital Association to wake up and re-organize their dormant body is important, and, we trust, Dr. E. H. Young, who has made such a name for himself in connection with psychopathic hospitals, will "get busy" at once.

And lastly, we feel gratified that the convention decided to make THE HOSPITAL WORLD the organ of the Alberta Hospital Association. This journal solicits the assistance and co-operation of every hospital, every hospital organization and hospital worker throughout the Dominion, and will do all in its power to help in the work of publicity of proceedings of association meetings, publishing items of news in respect to construction, alteration, or improvement in hospital buildings; in respect to medical and nursing staff work, and will gladly receive for publication papers relating to organization, maintenance, construction, housekeeping, bookkeeping, from anyone interested in hospital problems.

We congratulate the Executive of the Alberta Association on their broad and strong policy and wish it unbounded success.

The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums and Public Charitable Institutions throughout the British Empire

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Original Contributions

RURAL HOSPITALS IN ALBERTA

By Wm. Hay Williamson, Chicago, Illinois.

Under the terms of an act recently passed by the Provincial Legislature of Alberta, the province has begun the construction of municipally controlled hospitals on such a scale that, when completed, no resident of Alberta shall be more than thirty-five miles from a good hospital where he shall have absolutely free hospital accommodation and nursing service for himself and family.

Instead of coming within the category of charity institutions, service at these hospitals, the cost of construction and maintenance, conduct, standards, all will be analogous to that of the free public schools. In effect, this might be termed a provincial system of sickness and accident insurance, in which the taxpayers pay the premiums and "cash in" on the benefits whenever afflicted.

When one considers that the area in Alberta is 255,285 square miles, or nearly as large as the combined areas of Illinois, Iowa, Michigan, Indiana and Arkansas, it will be seen that this Canadian province has bitten off a large chunk. But, the fact remains that the work is being rushed; five hospitals are complete and in active operation; two more, both of which are quite large, are rapidly nearing completion; surveys have been made, plans drawn, and the plebiscite required by statute will be taken shortly, in six more districts; while preliminary surveys are being made all over the province.

Hospitals, already completed and in operation, are located in Mannville, Islay, Cardston, Bassano and Onoway. Vermilion district hospital will soon be a going concern, and the big Drumheller institution is nearly ready to receive patients. Votes will soon be taken in Stettler, Big Valley, Hanna, Spirit

River, Grand Prairie and Viking. In all of these districts, the surveys have been made and boundaries determined, and the beginning of actual construction work merely awaits the formal ratification of the taxpayers.

During the last session of the legislature, a distinct Department of Health was created and given formal jurisdiction over the following previous acts of the legislature: Public Health Act, Public Health Nurses' Act, Registered Nurses' Act, Municipal Hospitals' Act, Venereal Diseases Act, Medical Profession Act, Alberta Pharmaceutical Association Act, Dental Association Act, Marriage Ordinance Act and Vital Statistics Act.

Officers provided under the law are, Minister of Health, Deputy Minister of Health, Provincial Board of Health, Provincial Sanitary Engineer, five Provincial Sanitary Inspectors, Secretary of the Hospitals Branch, and Superintendent of Public Health Nurses. During the past year, approximately $100,000 was appropriated by the province in hospital grants, and every possible effort is being made to provide for the physical as well as mental wellbeing of Albertans.

The Honourable A. G. Mackay, M.A., K.C., Minister of Health, thus briefly sums up the intent of these measures, coincident with other constructive measures passed and enforced by the province:

"The position taken by the government is, that no settler should be induced to become a resident of this province unless the province is prepared to follow immediately with a school in which to educate his children, a highway upon which to reach his market, and, last, but by no means least, a hospital where he or any members of his family may receive proper attention in case of accident or ill-health.

"Frontier settlers must be provided with hospital accommodations; and, particularly in maternity cases and other cases that can be predetermined, the province must bring the patient to the hospital. Where the settlers are poor, as settlers on the fringe of settlement often are, it will be the duty of the province to provide the conveyance and pay all necessary bills and expenses."

Brought right down to brass tacks, the broad principles of this Public Health Act are, that every life saved in Alberta is a citizen preserved, and that the potential value of a baby is entirely too high to be regarded lightly in a growing country. Further, the act is so drawn that, instead of the provincial government demanding that the districts perform certain work, each district offers and agrees, for the sake of its own wellbeing, to contribute to the safety and welfare of the province.

In order that that point may be emphasized, and to the end that public opinion may be strongly behind the movement, with no uncertainty regarding the will of the district, the law requires that the scheme must carry by a vote of two to one. The municipal councils having jurisdiction in the proposed district, select the representatives for the Hospital Board. That Board chooses the site and prepares the allotment to be apportioned against each section of the district.

Any district may appeal from this allotment or from the site tentatively chosen to the Public Utilities Commission, and this commission, after careful review, either confirms or alters the proposals of the board. When that is complete, the board proceeds with the erection of the hospital. Annual apportionment of expense maintenance is made by this board, chosen annually by the people of the district, so that the whole proposition is under direct control of the people, with government supervision, in like manner as the public school system.

TRANQUILLE, SANATORIUM, BRITISH COLUMBIA

By C. W. Higgins, M.D., Chicago, Illinois.

It is an ill wind that blows nobody good. Looking back over the past four and a half years, it is hard to believe, at first, that the fight against tuberculosis can have been helped along by the terrible world struggle just ended. This, however, is exactly what has come about, all over Canada, as an indirect result of the world war.

In the early months of the war, medical boards examining recruits for the army were not quite as careful, as they later learned to be, in passing men for service. By the spring of 1915, the results of this lack of care began to be manifest to the army authorities, especially as regards tuberculosis. When a man becomes a soldier, the country very properly assumes his physical liabilities, as well as his assets, and undertakes to see that he is looked after in case he becomes ill, and recompensed for any disability that he may acquire, providing the disability has developed while he is in the army.

The Canadian authorities soon found themselves confronted with the necessity of providing treatment for an increasing number of cases of tuberculosis. At first, existing institutions were utilized for this purpose, but, very soon, it became evident that the accommodation available was miserably inadequate. This was not surprising to those who had been actively interested in tuberculosis, previous to the war, and who had been hammering away for funds, year after year, at the door of an uninterested public and an unsympathetic government. Slowly, of course, recognition was coming, but ever so slowly.

Public opinion was aroused at last, and official recognition followed as a natural sequence, because those who had thus, unconditionally, placed themselves at their country's service must be properly taken care of. And, so, the Federal Government came to take a hand in the tuberculosis work.

Growth of Sanatoria.

Existing sanatoria were enlarged and new institutions built in every province of Canada. Bed accommodation was at first doubled and then trebled, all in a little over three years. Sums of money were appropriated for the purpose which would hardly have been thought of in pre-war days by even the most sanguine, and, so, the fight against tuberculosis has advanced more in this short space of time than would have been possible otherwise in a decade or two.

What has been done, in this direction, in British Columbia, is typical of any of the provinces of Canada. Previous to the

war, there existed in the sunset province, perhaps as many beds for tuberculosis, according to population, as in any part of Canada. In 1914, the only institution in British Columbia for the treatment of tuberculosis was located at Tranquille, in the dry belt of the province. Within a decade, it had grown gradually from about twenty beds at the time of its founding, in 1907, to a capacity of one hundred.

Additions built, or now under construction as a result of the combined aid furnished the sanatorium by the Federal and Provincial Governments, have brought the number of beds available up to two hundred and thirty, with more to come. There is now, also, another sanatorium in the province which takes



Tranquille Sanatorium, British Columbia

care exclusively of returned soldiers. It is located in the Kootenay district and was opened about two years ago, having accommodation for one hundred patients.

Tranquille Sanatorium.

The sanatorium settlement of Tranquille is beautifully situated on the north side of an expansion of the Thompson River, commonly spoken of as Kamloops Lake, on the main line of the Canadian National Railways. This district, known as the "dry belt," rivals the south-western states in the smallness of its rainfall, the total annual precipitation, including snow, averaging not over nine inches. The dry belt, it would seem, is a continuation northward of the desert areas of the south-

western and western states. But, it is neither as arid nor as hot as these districts owing to the more northerly latitude. The region is mountainous, although there are no hills of any great height. To the east are the Rockies, to the west the Coast Range.

Tranquille is located about ten miles west of Kamloops, a town of 4,000 people and headquarters for the range stock industry of British Columbia. On approaching the sanatorium, what first impresses one is, the luxuriance of the vegetation as compared with the expanse of the sage-brush covered hills surrounding this settlement. This transformation is due to the magical effects of water. With the abundance of warm sunshine, prevalent in the region, almost anything seems to grow readily if water is only supplied. Irrigation is, therefore, the rule. The sanatorium ranch, which is operated independently, contains 150 acres, about 100 of which are under alfalfa to be fed to the dairy cattle that supply the sanatorium with milk.

Tranquille Sanatorium itself is a community of nearly 350 people. Both the sanatorium and the adjoining ranch belong to the British Columbia Antituberculosis Society, an aggregation of men and women united for the purpose of combating tuberculosis. Both ex-soldiers and civilians are treated in the institution, no one being refused because of lack of means.

Municipal and government support are received on a per capita basis. The accommodation consists of two kinds, depending upon the condition of the patient. An infirmary provides for those who are in need of bed-care and nursing, while ambulant patients live in the pavilions, making their own beds and going to the dining-room for their meals. Soldiers and civilians are treated alike in this as in other respects. A new one-hundred-bed infirmary has just been completed, as well as a service building containing kitchen and dining-rooms, a steam laundry, power house and garage. A new nurses' home also is under construction.

The usual sanatorium methods are applied in treatment, bedside occupation being the latest addition to the medical armamentarium. Special measures, such as, tuberculin, the x-ray and the violet ray, also are employed in suitable cases.

An occupational work-shop will shortly be in operation, where wood and metal working will be carried on, primarily for the benefit of returned soldiers. Instruction in poultry and bee-keeping also is to be provided.

When the additions are fully occupied, there will be up to 160 ex-soldiers in residence. On the whole, the returned-soldier cases are earlier and more favorable than those occurring among civilians, the latter not having had the benefit of frequent medical inspection and, therefore, earlier diagnosis.

Contrary to the popular belief, it is now pretty well established that exposure of the soldier to the effects of gas plays little or no part in the occurrence of breakdowns from tuberculosis. Many of these men would, perhaps, have broken down had they continued in civil life, and not a few were tuberculous previous to their entering the army.

The real cause, though, of such breakdowns as are directly attributable to service, is, probably, the stress of training and active-service conditions, and the exposure to which the soldier is subjected, particularly in the trenches. The new pension regulations which have recently been drawn up for the benefit of these men who have developed tuberculosis in the army are fairly liberal, but none too much so, for the sanatorium graduate has a hard row to hoe during the first six months or a year after leaving the sanatorium because of the popular prejudice that persists in regard to the disease.

A few extra dollars in the pocket may mean the avoidance of a relapse at this critical stage when, otherwise, the convalescent consumptive would be forced by the fears of his fellows to conceal his weakness and attempt to work in competition with the healthy worker during this after-sanatorium period. Such a course not infrequently leads to a second breakdown and to months of invalidism. May the public speedily realize that the sanatorium-trained and conscientious consumptive is a menace to no one, while the unfortunate individual who is ignorant in regard to his disease and the precautions which must be taken constitutes the real source of danger to the community.

Society Proceedings

SECOND ANNUAL MEETING OF THE ALBERTA HOSPITAL ASSOCIATION

THE second annual meeting of the Alberta Hospital Association took place as a conjoint meeting with the annual meeting of the Alberta Association of Registered Nurses in Calgary on October 20, 21 and 22, 1920.

There were forty-one delegates present from the sixty-odd hospitals all over the Province, some of whom had to come very great distances in order to attend, and seventy-seven visitors registered their names, although this total was greatly exceeded at both evening sessions. There can be no doubt that the idea of a conjoint meeting was a good one and of great help in ensuring the success of and interest taken in the affairs of both societies. A conjoint report of the proceedings is to be printed, and will be distributed later on.

The first duty of the Alberta Hospital Association in accordance with the resolution formed at the initial meeting last year was to adopt a constitution, of which the following are the most important features:

1. *Purpose*: To correlate as much as possible the work and aims of the hospitals of the province with those of the Departments of Health of the Provincial and Federal Governments.

2. *Officers*: The officers shall be:—Honorary President, the Hon. the Minister of Public Health, President, Vice-President, Secretary-Treasurer and an Executive Committee of Five.

3. *Membership*: Members shall be of three classes:

A. *Active Members,* having the right to vote at the annual meeting of the Association, shall be delegates chosen by (*a*) Hospital Boards, having paid the dues hereinafter set forth, which bodies shall be entitled to send delegates in numbers proportionate to the size of the hospital they control, that is to say: An hospital of

twenty beds and under, one delegate; an hospital of twenty beds to fifty beds, two delegates; an hospital of fifty beds and under one hundred beds, three delegates; an hospital over one hundred beds, four delegates.

(*b*) *The University of Alberta,* which for the purpose of sending delegates shall be regarded as an organization equivalent to the largest class of hospital in the Province.

(*c*) *The Alberta Medical Society,*

(*d*) *The Alberta Association of Registered Nurses*: Both of which organizations shall be regarded individually as organizations equivalent to the largest class of hospital in the Province.

(*e* and *f*) *Local Medical and Nursing Associations*: Each of which shall be regarded as the equivalent of an hospital of fifty beds and individually entitled to the sending of two delegates.

(*g*) *The Alberta Branch of the Red Cross Society,* and

(*h*) *The Alberta Society for the Prevention of Tuberculosis*: Each of which organizations shall be individually entitled to send two delegates.

B. *Associate Members,* having no right to vote at the annual meeting, shall include attending doctors, nurses, members of Trustee Boards and others engaged in or interested in hospital work.

C. *Honorary Members,* having no right to vote at the annual meeting, shall include all persons who, for various reasons, from time to time are chosen to be such at the annual meeting of the Association.

Membership fees will be collected from hospitals only according to the subjoined scale, and there will be no individual subscriptions. Other organizations having the right to send delegates shall do so free of all charge.

4. *Election of Officers*: At the first business session of each annual meeting a nominating committee of five active

members shall be named by the presiding officer. It shall be the duty of this committee to submit to the house at the time set for the election of officers, a report setting out the nominees chosen by it. To the names thus reported, it shall be possible for the house in open meeting to make what additions it may see fit, so that election, if necessary, may be held by ballot.

Officers may be elected from all members present as delegates and from all members nominated as delegates by their respective organizations whether they may be present at the annual meeting or not.

5. *Amendment to By-Laws*: By-laws may be amended: (*a*) At any annual meeting by a two-thirds vote of the active members present, provided that at least four weeks notice of the proposed amendment has been given to all active members, or (*b*) By a unanimous vote of all active members present approving of the introduction of the proposed amendment.

6. *Membership Fees*: All hospitals paying the following fees shall be entitled to membership in this Association:—

(*a*) An hospital of twenty beds and under	$10.00
(*b*) An hospital of twenty to fifty beds	20.00
(*c*) An hospital of fifty beds or over	30.00
(*d*) An hospital of one hundred beds or over...	50.00

The following resolutions of the Executive Committee were carried by the meeting:—

1. *The adoption of* The Hospital World, *Toronto, Canada, as the official organ of the Alberta Hospital Association.*

2. The adoption of the policy of meeting conjointly with the Alberta Association of Registered Nurses.

3. The printing of a report of the proceedings of the meeting conjointly with that of the Alberta Association of Registered Nurses.

4. The appointment of a Resolutions Committee, named by the executive.

The following resolutions were passed by the meeting:

1. *Provincial Committee on Hospital Standardization*: This resolution was passed by the meeting in full session after

prolonged and at times rather acrimonious discussion, in which the point of view of the American College of Surgeons on one hand and that to the effect that hospital standardization should come through agencies within the Province on the other were equally ably represented.

The resolution reads as follows:

That this Alberta Hospital Association approves of the principles involved in the "Minimum Standard" as stated by the American College of Surgeons, and believes that our standards should be at least as high as the standards for hospitals of the size to which those are applicable, *but* in view of the existing conditions in the Province, the Alberta Hospital Association favors the appointment of a committee of this Association and the University of Alberta and the Department of Public Health, with the request that they draw up for the government of the hospitals within the Province a concrete statement of standards as applicable to all classes of our hospitals, and further, that this be handed to the Resolutions Committee, who shall bring in a suggestion as to the method of selection of this committee.

The Resolutions Committee reported in favor of the appointment of a committee of twelve to be composed of two representatives each from the following organizations:

1. The University of Alberta. 2. The Alberta Medical Association. 3. The Department of Health. 4. Alberta Association of Registered Nurses. 5. The Alberta Hospital Association; and 6. Representatives of the Urban and Rural Municipalities, and that the executive bodies of these organizations be asked to nominate their representatives.

This was approved by the meeting.

2. *Government Enforcement of the Keeping of Adequate Records*: That whereas the Alberta Hospital Association assembled is convinced that all hospitals within the Province should keep some *adequate records* of all cases treated by them —That the Department of Public Health be requested to have standard forms adopted officially and provided for the use of all hospitals, and that to that end a committee, consisting of Drs.

Archer, Fisher and Fyshe be appointed by this convention to examine and approve of forms to be suggested to the Department of Public Health for this purpose, *and* that upon the establishment of such service, all hospitals receiving the Government grant shall be *required* to keep a minimum of such record, such minimum to be determined by the Department of Public Health.

The use of the word required in this resolution was very vigorously debated, as according to those opposing it it savored to much of compulsion. It was suggested that the word *requested* be substituted for *required,* and an amendment was motioned and finally lost, to the effect that the whole resolution after the word *and* above be removed. However, the motion was eventually carried by a satisfactory majority after two accounts had been made. As the Honorable the Minister of Public Health, who was present at the meeting, has stated that all the requests made by the Hospital Association to the Provincial Government can be very easily carried out by it, it practically means that the enforcement of an adequate system of record keeping will be made at an early date.

3. *Committee on Education of Nurses*: That there be appointed a committee on the education of nurses composed of four members (Miss Winslow, of Medicine Hat; Dean Rankin, of the University of Alberta; Dr. Fyshe, of Edmonton, and Mayor Hardie, of Lethbridge) ; whose duty it shall be to enquire into and report on the possibility and probable cost of an arrangement being made by which, with the assistance of the Provincial Government, the purely scientific and theoretical subjects as distinguished from the professional or technical education of the nurses in training in the Province may be conducted in the University of Alberta, as well as into what arrangements may be made with the University of Alberta for the conduct of post-graduate courses for nurses.

4. *Inspection of Hospitals*: That whereas it is the opinion of this convention that it is in the interest of uniformity of service that all hospitals shall be subject to a periodical inspection of all their departments, that is to say, all their business and sanitary arrangements, their housekeeping departments, their

training schools, the accommodation provided for the nurses, their medical service and records, be it resolved that the Department of Public Health be petitioned to establish such service for the hospitals of the Province.

5. *Provincial Home for Old People and Incurables*: That this conjoint convention in session memorialize the Provincial Government with regard to the need of the speedy provision of an institution for the care of the incurable, the aged and such patients, other than those suffering from infectious diseases, for whose maintenance in active treatment hospitals are not designed and whose presence therein precludes the beds they occupy from being put to their proper use.

6. *Course of Study in Nursing Schools and Regulations for Examinations*: That the Alberta Hospital Association request the Provincial Government to empower the University of Alberta to outline the course of study for nurses in training schools in the Province and to prescribe the regulations governing the examinations leading to the degree of R.N.

7. *Trained Attendants*: Whereas it has been found, and is believed to be impracticable to conduct the education of the trained attendant in any hospital, be it resolved that the Department of Public Health be requested to make arrangements for the training of these persons, and be it respectfully suggested to the Department of Public Health that the Agricultural Schools already existing would form suitable media for this purpose.

8. *Canadian National Hospital Association*: That the Alberta Hospital Association in convention assembled realizing the great importance of an active Canadian National Hospital Association, do earnestly entreat the executive of the Canadian Hospital Association to reorganize and arrange a convention for 1921.

9. *Western Canadian Hospital Association*: That pending the revival of the Canadian Hospital Association, this Association affiliate with the Western Canadian Hospital Association, with the distinct understanding, that if the National

Organization be revived, it discontinue its affiliation with the Western Association and affiliate with the National Association.

The secretary-treasurer was instructed to apply to the Provincial Government for the incorporation of the society.

The election of officers for the ensuing year was as follows: Honorary President, Hon. C. R. Mitchell, Minister of Health; President, Dr. A. E. Archer, of Lamont; Vice-President, Dr. A. Fisher, Superintendent Calgary General Hospital; Secretary-Treasurer, Dr. J. C. Fyshe, Superintendent Edmonton Hospital Board; Executive Committee, Mayor Hardie, Lethbridge; Miss L. Edy, of Calgary General Hospital; Dr. D. G. Stanley, of Calgary; Dean Kerr, University of Alberta; Rev. Father Cameron, of Calgary.

The following comprised the principal items in the programme, which was full of interest to all hospital workers.

OCTOBER 20th.

Morning Session.

10.00—President's Address. Reading of Minutes. Report of Executive. Reports of Delegates to the National Convention. Reports of Special Committees.

Luncheon given by Calgary Association of Graduate Nurses.

Afternoon Session.

2.00-2.45—The Relationship between the Provincial and the Local Organizations. Discussion opened by Mrs. Manson, Edmonton.

2.45-3.15—Opportunities for Service under the Red Cross Society. Mrs. Waagen, Secretary of the Provincial Red Cross Society.

3.15-4.15—Public Health Section, arranged by Miss Christine Smith, Superintendent of the Public Health Nurses.

Health Inspection of Schools.

(*a*) The Public Health Nurse as a Teacher in the Rural Districts.—E. M. Davidson, R.N.

(*b*) The Public Health Nurse and the Control of Acute Communicable Diseases.—Gladys Thurston, R.N.

(*c*) How can the Public Health Nurse Advance Child Welfare Work in connection with the Health Inspection of Schools in the Rural Districts?—L. E. Runians, R.N.

Child Welfare.

Child Welfare Work in the Cities.—Blanche Emerson, R.N.

Tuberculosis.

The Public Health Nurse and Tuberculosis Control.—Victoria Ray, R.N.

District Nursing.

The District Nursing Problem.—Genevieve de Turberville, R.N.

4.15-5.00—Legislation desirable for the Association. Discussion opened by the Convener of the Legislative Committee.

JOINT OPEN MEETING OF THE TWO ASSOCIATIONS.

Chairman—Dr. A. E. Archer.

8.00—Opening Prayer, Rev. A. Rannie, B.A.; Address of Welcome, Mayor of City of Calgary; Replies to Address of Welcome, President A.A.R.N., President A.H.A.; Address, Rev. Father Cameron; Address, Mrs. C. B. Waagen.

OCTOBER 21st.

Morning Session.

Chairman—Dr. A. E. Archer.

9.30—Registration.

10.00—The Field of Service in Small Hospitals. Introduced by Dr. G. M. Atkin, Banff, Alta.

(*a*) Size and Duties of Non-Professional Staff.—A. K. Whiston, Esq.

(*b*) Purchasing Hospital Supplies.—A. H. Ellison, Esq.

Discussion Hospital Exhibits and Commercial Exhibits:—One hour.

1.30—Luncheon given by the City of Calgary.

Afternoon Session.

Chairman—Dr. George Johnson.

3.00—Symposium on Training of Nurses. Introduced by Dr. A. C. Rankin.

(*a*) Qualifications of Schools.—Miss V. Winslow, R.N.

(*b*) Standards of Admission.—Miss F. Macmillan, R.N.

(*c*) General Regulations.—Miss L. M. Eddy, R.N.

(*d*) Professional Training, Sister M. A. Duckett, R.N.; Dr. A. Fisher.

(*e*) The Trained Attendant.—Miss Christine Smith, R.N.

The question under debate to be thrown open to whole meeting for discussion after each subdivision has been taken up by the speakers indicated, and a committee appointed to bring in at the close of the convention a resolution expressing the policy which the two Associations wish to adopt in regard to the training of nurses in this Province.

PUBLIC MEETING.

Chairman—His Honor The Lieutenant-Governor.

8.00—Address, The Hon. The Minister of Public Health; Address, The President of the University of Alberta; Address, The President, The Women's Canadian Club, Edmonton, Alta.

OCTOBER 22nd.

Morning Session.

Chairman—Dr. F. W. Gershaw, Medicine Hat.

Report by Secretary-Treasurer The Alberta Hospital Association.

Adoption of Constitution for Alberta Hospital Association.

Standardization of Hospitals, introduced by Dr. J. C. Fyshe.

The question to be thrown open for discussion by the meeting and a committee to be appointed to bring in at the close of the convention a resolution expressing the policy which the two Associations wish adopted, having particular regard to the attitude to be adopted to:—

(*a*) The tenets of the American College of Surgeons as expressed in the "Minimum Standard."

(*b*) The Western Canadian Hospital Association.

Afternoon Session.

Chairman—Miss V. Winslow, R.N.

3.00—Round Table Conference, conducted by Miss Eleanor McPhedran, R.N.—One hour; Designing and Construction of Small Hospitals.—The Provincial Architect; Occupational Therapy.—Mr. VanTausk.

Report of Resolutions Committee and action thereon; Election of Officers.

AMERICAN HOSPITAL ASSOCIATION

This Association met in Montreal in October. In our last number we outlined its history and growth. Montreal did itself proud in the way of entertainment. Mr. H. E. Webster, of our editorial staff, had everything in apple-pie order for the meeting. Mr. E. R. Decary extended the hospitality of Montreal to the delegates in true French fashion. Dr. Jos. Howland, in his presidential address, reviewed the history of the Association, as we did in our last number. He pointed with pride to the health of the body and its growing field of activities. The Rockefeller Foundation has contributed funds for the establishment of a reference library dealing with hospital problems and nursing.

Hospital plans are to be collected and placed at the disposition of those desiring to consult them. The president suggested the establishment of a bureau of standards and supplies during the coming year, where accurate information can be secured as to the latest ideas in hospital equipment. Secretary Warner in his report called attention to the difficulty of securing nurses for years past and the shortage of help—both of which had given much care to hospital executives.

The attendance at the meeting was good. By Wednesday evening 910 persons had registered, 268 of these were personal members, 235 were from the United States and thirty-five from Canada. The institution delegates numbered 136, only two of whom on that evening were from Canada. The guests numbered 405,292 American and 113 Canadian. Ninety-nine new members had been enrolled, eighty-five of whom were Yanks and fourteen Canucks.

J. J. Weber, travelling editor of the *Modern Hospital*, spoke on "Travelling Clinics." He referred to what had been done by the Montreal Public Welfare Committee in the conduct of these clinics and the value of the motor truck in connection therewith in the Province of Quebec, through the assistance of the Red Cross. In these clinics the main effort was directed towards impressing on the people the importance of having everyone, especially children, frequently visited by the local

physician in order that disease and defects might be dealt with in their incipiency.

Dr. Pliny O. Clark, of Denver, Col., took up the subject of "Community Chests" for the collection of money to care for the indigent sick. Appeals once a year are made to the public by all the hospitals of a town or city, and all the money collected goes into a single chest and is apportioned by a small committee to each institution on a *pro rata* basis, according to its needs. Referring to aid from the state by subsidies, the speaker pointed out that wherever this system had been carried out by way of a lump sum appropriation, as in Pennsylvania, there has been much abuse and sometimes considerable scandal—the moneys were too often given without a full knowledge as to how the funds were spent or what the needs of the institution were. In cities like New York, the money granted to the hospitals by the city, is distributed on a *per diem* basis. The city pays the voluntary hospitals for the care of a certain number of indigent sick, but retains control over the admissions to the hospitals and has the final decision as to whether or not they will pay for a given patient. The city also has the right to inspect the hospitals and audit their books. In other words, the city enters into a business arrangement with the individual hospital.

Dr. Howell Wright pointed out the importance of the financial consideration in hospital maintenance and referred to the fact that in the United States they had during war time a "war chest" which accumulated funds for the Red Cross and similar war activities, and at the same time took care of the hospitals. After the war the "war chest" idea was perpetuated under the name of the "community chest," the importance of which had come to be recognized in taking care of the large numbers of indigent sick of the community, the expense of which must be met from some source. In some hospitals the funds so collected were supplemented by endowments or by special contributions made by philanthropically disposed persons direct.

Following this session a smiling photograph of the delegates was taken on the steps of St. James' Cathedral. Visits were also made to the far-famed Bonsecour Market and the Chateau Ramesay. The following a.m. many of the visitors climbed

Mt. Royal before the session opened and feasted their eyes on the distant mountains which "unfold the colored landscape," the magnificent splendor of the shining St. Lawrence, and the towers, mansions, churches, hotels, tall business houses in a forest of maples and elms gorgeous in their autumnal foliage.

Frederick D. Greene, of New York, told the convention of the United Hospital Fund. Fifty-five hospitals in Gotham supported by voluntary gifts from those who know not how to dispose of their wealth, and from others more moderately circumstanced.

This fund has opened a way to the solution of many problems, including that of financing these *domi dolores,* in which over 8,000 bed patients and 5,000 dispensary cases were treated daily last year; in other words—2,438,811 days of treatment to 148,529 bed patients and 599,806 dispensary cases, which looks big.

The fund was begun forty-one years ago. It is non-sectarian in character. The committee includes representatives both of hospitals and the contributing public. Its object is to promote co-operation, to raise hospital standards, and to secure money to provide for free service to the needy poor who constitute more than half of all who are treated. It costs ten and a half million dollars a year to run these hospitals. Their free work creates an annual deficit of over three million dollars, which must be secured by voluntary contributions. One-third of this is now raised by the United Hospital Fund, whose receipts are rapidly growing. The money collected is distributed by a committee of distinguished citizens who take into account the amount and quality of the free service given by each hospital. Mr. Greene says the hospitals are not imposed on by the sick poor, who are ready to pay what they can. This is shown by the fact that during recent years the number of free patients has greatly dropped, while the ward paying patients have correspondingly risen in number. Those who do pay the regular ward rates, pay but a small part of the cost. Since 1914 the cost of the United Hospitals has risen ninety-five per cent. The cost would be much larger but for the fact that the doctors charge nothing for their services in treating the ward

patients (which comprise three-quarters of the total number treated). This great gift, on the part of the medical fraternity, is characteristic of other cities also and constitutes a challenge to laymen to equal in generosity the medical men by providing the necessary expenses of running the hospitals.

The speaker holds that the health of each is the concern of all. The most fair and economical programme is to keep everybody well. He believes the time will come when facilities for medical and surgical care of the entire population will be made as accessible and free as are our public school facilities at present. We ought to stamp out disease as we stamp out fire, without regard to whose house is burning or whether the owner can pay the fire department or not.

Sister Gabrielle, of the Order of Grey Nuns, gave an outline of the work of her order, which has been doing social service work among the poor and suffering on this continent for over a century. She referred to the hospitals founded all over the continent by her order. During the past century they had coped in Montreal with epidemics of typhus, smallpox, diphtheria and influenza. Care of the poor was their especial work; they found that much of the misery they encountered was due to illness. The mother-house has opened fifteen hospitals, the first branch having been established in Toledo.

Subsidiary houses have been established—particularly in the west. Sister Gabrielle considers that a high standard of education is not necessary for nurses. Practical ability and a good heart are the first requisites. To maintain too high a standard will shut out from the nursing profession many desirable applicants.

Dr. W. W. Seymour, Commissioner of Public Health for Saskatchewan, testified to the efficiency of the hospitals in charge of the Grey Nuns in his province. They were quite up-to-date and had introduced the latest scientific features. The Holy Cross hospital in Alberta was the first to comply with the hospital standards imposed by the American College of Surgeons.

Mrs. N. F. Cummings, managing editor of the *Social Service Quarterly,* in New York, was a visitor at the Association.

To the press she said that the original hospital social service carried on by the English hospitals was conducted by the Lady Almoners who had worked voluntarily in connection with the hospitals as far back as the 17th century. In the United States social work in direct connection with the hospitals of the large cities was begun about 1890, but was limited in operations until about twelve years ago, when it received a fresh impetus, increased volume and effectiveness until the outbreak of the war, when it received a decided set-back. It is now growing again and assuming large proportions. About fifty-two per cent. of the hospital social workers are graduate nurses, who have taken a social training after finishing their nursing course. The remaining forty-eight per cent. have not been trained as nurses. Other things being equal, nurses make the most efficient workers in the Social Service Department hospitals.

Miss Lily E. Barry, of the Catholic Social Service Guild, Montreal, spoke of occupational therapy and the placing of the handicapped by her society. She explained the complete system which had been evolved for the care of those who were physically or mentally handicapped. They had completed a chain which had linked the hospital, the convalescent home, the Catholic Social Guild and the Loyola School of Sociology where workers are trained. Educational therapy could not be attempted in the regular hospitals. Patients should be moved to convalescent homes as soon as possible. In all these homes, as in special institutions for the handicapped, the sisters in charge give valuable instruction to the patients and encourage the patients to work as a curative measure. The result is that many men and women, who are apparently hopelessly crippled by disabilities of various kinds, are enabled to become useful citizens. The Catholic Social Service Guild steps in and provides employment for those who have proved themselves capable of doing useful work.

Mr. M. M. Davis spoke of the necessity of standardizing training requirements for workers and of methods of work in connection with social service. There were now some 2,500 social service worker in the United States. The American Hospital Association had recently completed a survey of work done by them throughout the country. The presentation of

these findings was one of the items on the programme of this meeting. These would be of interest, not only to the workers themselves, but also to the executives of hospitals and to the community as a whole. A thorough course of training was imperative before effective work could be done in hospital social service work. Hospitals which were contemplating the opening of such a department were advised to do nothing until they had obtained the services of a worker who was thoroughly competent in such work, as mistakes in administration of such departments led to confusion and serious results generally. As this phase of hospital work became more and more developed the Association would give it a larger place on the programme. There were about 100 hospital social workers at the meeting.

Dr. Anna M. Richardson, Field Secretary, had visited sixty Social Service Departments throughout the continent, with a view to evolving some progressive policy in connection therewith.

Mr. Wade Wright discussed the subject of industrial clinics in general hospitals. The speaker is in charge of the Industrial Department of Harvard. He pointed out that many industries were now able to maintain their clinics and first aid departments. Some of them, instead of having their own organizations for this purpose, were giving their support to some hospital, the hospital thus realizing its full purpose in thus meeting the demands of the industrial community.

In the out-patient section, the "Dispensary of the Future" was discussed. It was pointed out that the dispensaries of to-day are the health centres of to-morrow, and constitute a link between the curative medicine of the hospital and the preventive medicine of the public health programme. Such dispensary, in addition to taking care of the ordinary ambulatory patient, would include in its scope pre-natal care, child welfare, treatment and prevention of tuberculosis, and dental treatment.

Dr. F. E. Sampson, Superintendent of the Greater Community Hospital of Creston, Iowa, gave a paper on "Community Hospitals as a Solution of the Rural Health Problem." He described the origin and growth of such a hospital in his own state, in which was concentrated and developed all the public health agencies of a number of counties, representing some

4,000 square miles of territory. In this institution was co-ordinated all the forces—church, societies, medical and public health. From this hub radiated all the health activities of the district.

Dr. W. W. Seymour, of Regina, described the constitution and operation of their excellent hospital law in Saskatchewan. This act we published in full in a recent number of this journal and to it the reader is referred.

Commercial Exhibits.

The Windsor Hotel looked somewhat like a small hospital when the eighty-three exhibitors got all their stuff in place—surgical, medical, culinary, laundry, et cetera. Hundreds visited the show, and were shown the goods by courteous representatives of the various firms whose goods were on exhibition. The rubber exhibit, in which were shown the processes in the evolution of a hot-water bottle, was viewed with great interest. An X-ray machine was in operation, and a miniature steam laundry was at work. Books and boots, canned goods, metabolism apparatus, restorative bellows, signalling devices, hospital plans,—all attracted great attention.

SECOND ANNUAL MEETING OF THE ONTARIO NEURO-PSYCHIATRIC ASSOCIATION

The second meeting of the Ontario Neuro-Psychiatric Association was held at the Ontario Hospital, Whitby, on September 15th, 1920. It consisted of a morning and an afternoon session, beginning at 11.45 a.m. and ending about 6 p.m. There was a very large attendance present made up of both general practitioners from the surrounding district and Toronto, and physicians engaged especially in nervous and mental work. The new hospital was thrown open to the visitors and every opportunity afforded for a thorough inspection of its various departments.

The morning session was opened by the President, Dr. Edward Ryan, of the Ontario Hospital, Kingston, who spoke of the encouragement which the executive had received since the formation of the new Association. He also expressed regret at the untimely death of Dr. Chas. Doherty, Superintendent of the British Columbia Hospital for Insane, Westminster, B.C., who had been very anxious to make the Association Dominion wide. Dr. J. H. Mullin, President of the Ontario Medical Association, addressed the meeting on behalf of reorganization of the Medical Profession in Ontario, urging that every physician become a member of the Ontario Medical Association and take a personal interest in the very important problems which were up for consideration at the present time. Dr. Mullin's address was followed by the regular programme for the meeting, consisting of the following papers:—

1. "Conception and Aims of the Ontario Hospital, Whitby," by Dr. J. M. Forster, Superintendent.

In this paper Dr. Forster traced the conception and growth of the Whitby Hospital and described briefly the plan of it. The paper was a brief and concise pronouncement of what had been done in the past and what it was proposed to do in the future. It was discussed by Dr. Edward Ryan, Kingston, who emphasized the fact that the Ontario Hospitals were for the poor and the rich alike, and that that was the reason why there were no private wards in these hospitals. The paper was further discussed by Dr. Mullin, Hamilton; Dr. Kaiser, Oshawa; Dr. Hobbs, Guelph; and W. W. Dunlop, Inspector of Prisons and Public Charities, Toronto.

The second paper read was that of Col. C. S. McVicar on "Shell Shock." This was an explanation of the mechanism of "Shell Shock" from the psychological point of view. Col. McVicar showed that what was called "Shell Shock" was really a compromise of the conflict of the herd instinct in man with the instinct for self-preservation. This paper was discussed by Drs. Bailey and Brown, of Toronto; Dr. C. B. Farrar, Ottawa, and Dr. Neely, Hamilton.

The next paper on the programme was that of Dr. J. W. Crane of the Western University Medical College, London. He gave a very interesting talk on "The Use and Abuse of Purga-

tives." He dealt especially with Mercury, Mag. Sulphate and Castor Oil. He made an appeal to the profession to discard the "shot gun" prescriptions put up by the drug houses, and prescribe instead one or at the most two simple drugs at a time. It was only in this way, he pointed out, that definite conclusions could be drawn as to the effects of certain drugs. Prof. V. E. Henderson, of Toronto University, discussed this paper, and supported Dr. Crane's appeal for simple medication.

Dr. Wallace Scott, of Toronto, read a paper on "Cerebral Localization," in which he dealt extensively with the advances made in Cerebral topography. This paper was based upon work the author did while acting as chief surgeon of military hospitals overseas. It was discussed by Dr. R. T. Maclaren, Whitby.

Dr. Goldwin Howland read a paper on "The Cleavage between the Neuroses and the Psychoses," in which he emphasized the need of considering these branches of medicine as a unit and denied that there was any artificial line dividing the two. This paper was discussed by Dr. F. S. Vrooman of the Ontario Hospital, Toronto.

Dr. Eric K. Clarke, Toronto, read a paper upon "The Problem of the Mentally Defective Children in the Toronto Public Schools," in which he showed that as a result of a survey, which had been made in Toronto, it was found that 1.66 per cent. of the school children were mentally defective. This paper was discussed by Dr. Goldwin Howland, Toronto; Dr. Alex. McKay, Toronto; Dr. G. S. Strathy, Toronto; Dr. J. G. Fitzgerald, Toronto; Dr. C. B. Farrar, Ottawa, and Mr. W. W. Dunlop, Toronto.

Dr. W. R. Jaffray, of Hamilton, read a paper on "The Results in Routine Wassermann Examinations in the Ontario Hospital, Hamilton," in which he gave the percentage of positive Wassermanns out of 633 consecutive tests at the Ontario Hospital, Hamilton, as 6.3 per cent. This paper was discussed by Dr. Crawford, Ontario Hospital, Whitby; Dr. Robinson, Ontario Hospital, London; Dr. J. W. S. McCullough, Provincial Health Officer, and Dr. Goldwin Howland, Toronto.

Dr. G. H. Stevenson, Ontario Hospital, London, read a

paper on the "Review of Psychiatric Conditions in Massachusetts," giving the result of his observations during a month he spent in Boston and other centres. This paper was discussed by Mr. James Govan, Provincial Architect.

The last paper on the programme was by Dr. K. R. Maitland, Ontario Hospital, Kingston upon "Huntingdon's Chorea," in which a complete description of the disease was given and some case reports presented as illustrations.

Canadian Hospitals

NURSES' GRADUATION AT THE TORONTO HOSPITAL FOR INCURABLES

DECKED with exquisite crimson carnations and pink roses, the assembly room of the Hospital for Incurables looked most attractive on October 29th, when a large number of the friends of the institution gathered for its forty-sixth annual meeting and for the graduating exercises of the Training School for Nurses. Mr. Ambrose Kent acted as Chairman, and the opening devotional service was conducted by Rev. Canon Plumptre.

Miss E. M. Cook, in presenting her Superintendent's report, told of 217 patients now in the hospital. During the year 293 were treated, and there were seventy-nine admissions, sixteen discharges, eleven transfers and forty-nine deaths. Miss Groat, the Secretary-Treasurer, reported a deficit of $21,489, this being an advance of $12,094 over the previous year. Total disbursements were $142,003, and receipts amounted to $129,908.

In commenting upon the deficit Mr. Kent pointed out that it was only necessary to have more people visit the institution and money would be forthcoming. He cited cases of visitors having been deeply impressed by the fidelity of the nursing staff and the cheerfulness of the patients.

Dr. W. H. B. Aikins presented the report of the Medical

Board. Only forty-nine deaths occurred during the year and the general health of the inmates had been good. During the various epidemics the hospital had been placed under quarantine, thus greatly reducing the danger of an outbreak of contagious diseases.

A reference was made by Miss Cook to the opening of a workshop in the basement of the building. Specimens of the output of this shop were on view in the main entrance and included among other things, a cleverly designed and skilfully manufactured doll's house. There was also a fine exhibit of basketry, the work of two blind patients. At the National Exhibition three first and two special prizes were carried off by inmates of the hospital.

The resolution adopting the reports was moved by Mr. R. S. Gourlay and seconded by Colonel Noel Marshall, both of whom made short speeches. The names of the Board of Management for the ensuing year were also read, and are as follows:

Board of Management—His Worship the Mayor, Mrs. Grant Macdonald, Miss Mortimer Clark, Mrs. J. P. Balfour, Mrs. A. Cowan, Mrs. Wm. Davidson, Mrs. S. L. Fountain, Mrs. A. Foy, Lady Hearst, Mrs. Stewart Houston, Mrs. Ambrose Kent, Mrs. Lauder, Miss Effie Michie, Miss Grant Macdonald, Mrs. Hugh MacMath, Miss J. M. McGee, Mrs. S. H. Thompson, Mr. Ambrose Kent, Lieut.-Col. Noel Marshall, Mr. John Macdonald, Dr. W. H. B. Aikins, Mr. W. A. Baird, Rev. Canon Bryan, Mr. John Firstbrook, Lieut.-Col. Alex. Fraser, Rev. A. Logan Geggie, Mr. S. B. Gundy, Ven. Archdeacon Ingles, Mr. W. G. Kent, Dr. Edmund E. King, Mr. E. J. Lennox, Mr. R. Millichamp, Mr. J. O. McCarthy, Rev. Dr. Young.

The entrance at this point of a bevy of white-robed nurses marked the beginning of the graduating exercises of the Training School for Nurses. Dr. C. J. Hastings addressed the graduating class, congratulating the members on their excellent record and on the fact that they had received their training at the Hospital for Incurables. "It is difficult to conceive of a better school for character-building than an institution of this kind," said Dr. Hastings.

Miss Cook, in her report on the nurses' work, referred to the introduction of an eight-hour day as being most beneficial to the general health of the staff. She spoke also of the unselfish service rendered by the nurses, and stated that it was unusual to hear any of them mention an unkind word that might have been spoken by the patients.

Diplomas and class pins were presented by Mrs. Grant Macdonald, and the gold medal for general proficiency and highest standing in final examinations, given by Mr. Ambrose Kent and awarded to Miss Helena Hamilton, was presented by Mrs. Kent. Two silver medals, given by the Examining Board and awarded to Miss Valma Irvine and Miss Isabel Hewitt, were presented by Miss Mortimer Clark. The prize for neatness of room and person, given by Mrs. R. B. Hamilton and awarded to Mrs. Cox, was also presented by Miss Clark.

The six graduates were: Mrs. Cox, Miss Valma Irvine, Miss Isabel Hewitt, Miss Helena Hamilton, Miss Mary Connell and Miss Minnie Maclennan.

WOMEN'S COLLEGE HOSPITAL, TORONTO, HAD A MOST SUCCESSFUL YEAR

A story of remarkable progress was revealed at the annual meeting of the Corporation of the Women's College Hospital and Dispensary, held at the Nurses' Residence, 149 Rusholme Road, on November 3rd, with the President, Mrs. A. O. Rutherford, in the chair. The Rev. Canon Skey conducted the devotional exercises, after which Miss Mary Lowry, the secretary, gave a brief report of the year's accomplishments, including the starting, in the summer, of an X-ray Department and a Pathological Department. She told of the demand for increased accommodation for the nursing and domestic staff, and also patients constantly turned away. If it were possible to open a new obstetrical wing at once, she said, it would be possible to put it into immediate and active use.

The Treasurer, Miss Sade Warner, reported, in the capital account, receipts amounting to $9,575.74, and a balance of

$169.92, and in the maintenance account receipts of $46,168.10, and disbursements, $46,741.89, making a deficit of about $500.

Mrs. R. H. Cameron reported that the auxiliary to the hospital had made $540 for the hospital, all but $32 of which had already been spent on various needs of the hospital and residence. Some sewing had also been done and assistance given in a garden party arranged by Miss Warner.

Dr. Minerva Reid's medical report told of a most satisfactory state of things, a great advance over last year. There had been 367 obstetrical cases, 175 medical cases, with twenty deaths (which, in consideration of the influenza epidemic, was very few), and 459 operative cases, with only two surgical deaths.

The Superintendent, Mrs. Bowman, gave the fifth annual report of the hospital since it has been a hospital of standard capacity, starting it with a reference to the institution's humble beginning twenty-four years ago. During the past year, she reported, there had been 985 patients admitted, 367 births, a total number treated of 1,404, 1,304 discharged, and forty-nine deaths.

The cost for each patient was $2.70 a day, in comparison with $2.37 last year.

In the training school a total of twenty-five nurses was reported.

Mr. R. H. Cameron, in reference to Mrs. Bowman's report, expressed his admiration for the management which was able to conduct such an institution at a per capita cost of $2.70 a day. He had recently visited, with Dr. C. J. Hastings and a committee, a number of hospitals in the United States, and none of them had managed on anything like that amount. None were run for less than $3 a day, and the cost ran from that up to nearly $5.

Dr. Margaret Patterson moved a vote of thanks to the corporation and staff of the hospital, while Dr. E. L. Skinner Gordon expressed appreciation of the flowers sent by Lady Pellatt, the music contributed by Mrs. French and the Auxiliary's hospitality at the tea hour; Miss Brooking said thank you from the point of view of the institutions the hospital was ever ready to

help, and Dr. Margaret Johnston moved a vote of thanks to the women of the Press.

A beautiful bouquet of roses was presented to Miss Warner, the Treasurer, on behalf of the nurses, by a nurse, and Mrs. F. H. Torrington presented Mrs. Rutherford with a beautiful basket of yellow and bronze chrysanthemums, big and little ones intermingled.

The following were elected to the corporation of the hospital: Mrs. A. O. Rutherford, Mrs. F. H. Torrington, Dr. R. B. Nevitt, Dr. E. L. Skinner Gordon, Mr. R. H. Comeron, Mrs. R. H. Cameron, Dr. G. B. Smith, Dr. Minerva Reid, Miss Sade Warner, Mrs. Breckon, Mrs. Sinclair, Mrs. Baldwin, Dr. Jennie Smillie, Miss Mary Lowery, Miss Janet Anderson, Mrs. J. L. Trethewey, Miss Cleaver, Mrs. H. C. Cruickshank, Mrs. David L. Thompson and Controller Ramsden, appointed as the representative of the City Council.

WAR DEPARTMENT SELLS LARGE STOCK OF BANDAGES

The Surplus Property Division of the War Department has sold to Thompson & Kelly Co., of Boston, the remaining surplus of bandages and absorbent cotton purchased for the use of the army during the war. The sale netted the Government more than $1,000,000, and the bandages alone represent a quantity sufficient to supply the hospitals and surgeons of the United States with all their needs for at least eighteen months.

Included in the sale, which was conducted through sealed bids, were a million dozen roller and between 2,000,000 and 2,500,000 compressed bandages, and approximately 2,250,000 one-ounce packages of absorbent cotton.

Book Reviews

Primary Studies for Nurses: A text-book for first year pupil nurses, by CHARLOTTE A. AIKINS, formerly director of Sibley Memorial Hospital, Washington, D.C., formerly Superintendent of Columbia Hospital, Pittsburg, and of Iowa Methodist Hospital, Des Moines. Fourth edition. Thoroughly revised. Illustrated. Philadelphia and London: W. B. Saunders Company. 1919. Cloth, $2.25. Canadian agents. The J. F. Hartz Co., Limited, Toronto.

This text-book was prepared for the special purpose of simplifying the work of the pupil nurses' first year. As such it is not a text-book of practical nursing nor a book of reference, but it brings together in concise form well rounded courses of lessons in anatomy, physiology, hygiene, bacteriology, therapeutics and materia medica dietetics and invalid cooking. To the above has been added, in this edition, a section on elementary chemistry and some important additions to the sections on hygiene and therapeutics. The subject matter is excellently arranged and the cuts in the section on anatomy are good. As a first year text-book, when associated with practical instruction in nursing technique, it should provide the proper requirements for an intelligent foundation in nursing, and is to be highly recommended for this purpose.

Transactions of the American Hospital Association. Twenty-first Annual Conference held in Cincinnati, O., September 8th to 12th, 1919. Volume XXI. Published for the Association by the Modern Hospital Publishing Co., Chicago, Ill.

This volume has been tardy in coming, but is none the less welcome. It is well gotten up and is full of excellent papers and discussions which we hope to refer to more fully in some of our future numbers. Every hospital should have a copy. Every hospital should take out corporate membership in the association.

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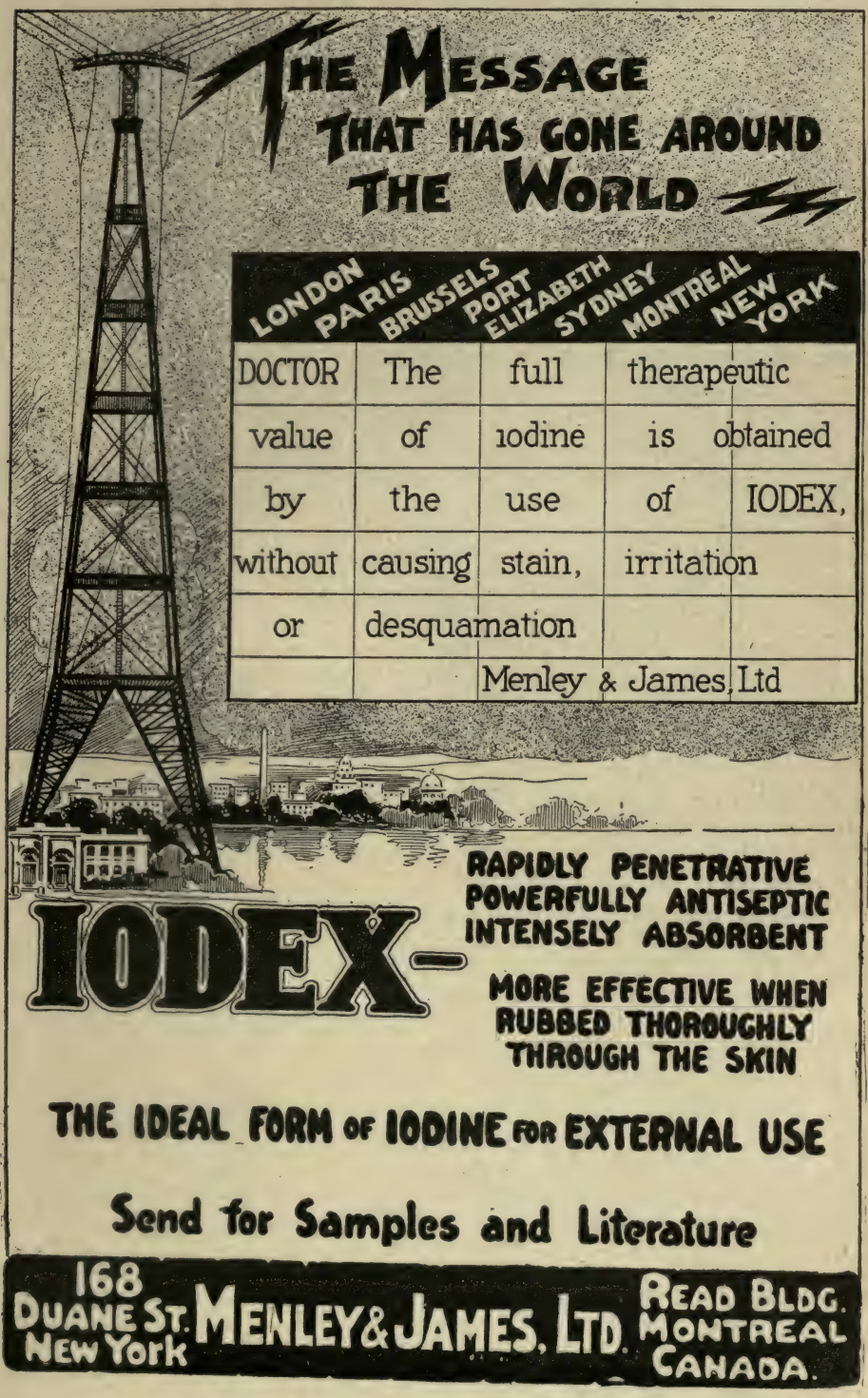
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The following letter is worthy of perusal:—

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Urasal is an effervescent granule containing 7½ grains urotropine to each dessertspoonful, combined with piperazine and benzo-citrate of lithium. Piperazine is a base forming with uric acid urate of piperazine, which is very soluble in water and, therefore, quite successful in gout and uricemia, causing a decrease in uratic deposits and a proportionate increase in the quantity of urea. Benzo-citrate of lithium is a well known dissolvent of uric acid and urates. Urotropine is very rapidly absorbed and shows itself in the urine fifteen minutes after ingestion, and frequently eliminated in from thirteen to twenty-seven hours. Urotropine has four principal properties: (1) It dissolves uric acid; (2) in its passage through the kidneys it gives rise to the formation of formaldehyde, thus giving antiseptic properties to the urine; (3) it is a diuretic; (4) it is a most effective antiseptic. Physicians will therefore realize how, in cases of uric acid diathesis, Urasal is a most effective preparation. It is manufactured by Frank W. Horner, Limited, Montreal.

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One of the largest surgical instrument houses in the United States is Frank S. Betz & Co., Hammond, Indiana. A half-hour spent at this plant will at once convince any "doubting Thomas" that there are few if any, manufacturers in America turning out high-class instruments and other hospital necessaries in such quantities and at such reasonable prices. The best way of proving this, outside of a visit to Hammond, is to send for a copy of the Betz catalogue. It is a marvel of completeness, and any hospital in Canada in need of good goods quick, cannot do better than try the Betz line.

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H.W.—6

"Curity" Hospital Supplies

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This preparation is an agreeable effervescent saline laxative and uric acid solvent, and has rapidly gained the favor of physicians generally. It is a combination of lithia and sodium phosphate with the laxative salts similar to those found in the most famous European bitter or purgative waters. The action of the salts held in solution in the "bitter waters" is too well known to demand specific elucidation, but their remedial value is considerably enhanced by the addition of lithia and sodium phosphate. Sal Hepatica can be employed as a laxative and eliminant of irritating toxins with safety and satisfaction in inflammatory conditions of the bowels, and is worthy of a prominent place in the diarrheas of infancy and childhood, and in "summer complaints" which arise from fermentative and putrefactive causes.

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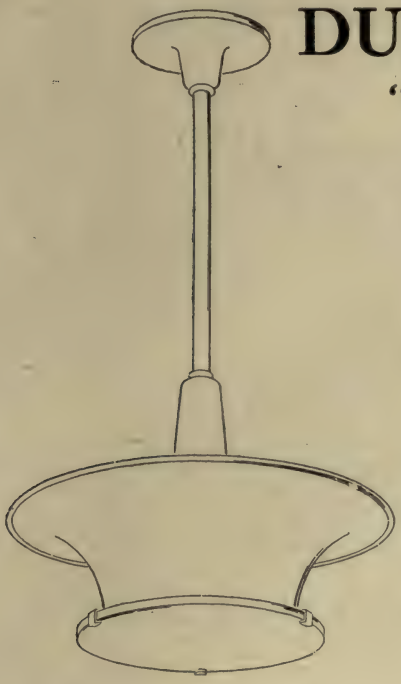
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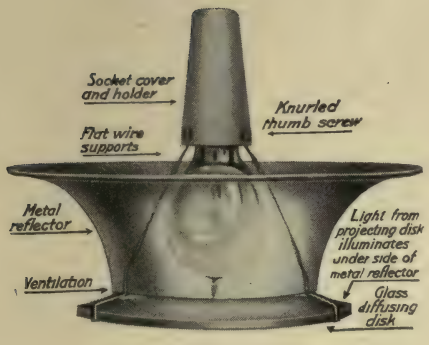
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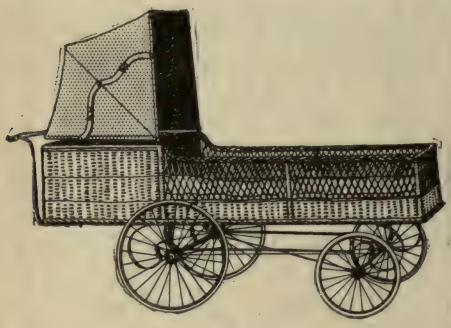
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